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ORIGINAL COMMUNICATIONS.

To the Editors of the Medical Examiner:

GENTLEMEN:—I have extracted from my "case-book," and now place at your disposal, the history of a case of Tubercular Meningitis, which will serve to illustrate the obscurity which sometimes attends the commencement and early stages of this disease.

Yours truly,
FRANCIS WEST,
352 Chesnut St.

Philada., July 20th, 1851.

Oct. 24, 1837.—I was requested to-day to visit, for the Dispensary, a colored girl, aged 25 years, unmarried, living as a domestic in the family of ———, Lombard St. The patient was in the act of lighting the entry-lamp when I arrived. Upon examination, she complained chiefly of cough and pain in her chest beneath the clavicles, with some sore throat. Her complexion and general appearance were strongly indicative of the scrofulous diathesis, and led me to suspect the existence of pulmonary tubercles. An appropriate treatment was accordingly directed. Two days afterwards I saw her again; she was then in bed and complained of shooting pains through her head, particularly in the scalp, apparently neuralgic in character. Her

pulmonary symptoms were better. The skin was but moderately warm; pulse not much excited; no sickness of stomach. Cups were ordered to the nape of the neck, with some laxative medicine. On the next day she expressed herself as relieved of the headache, but she now had all the ordinary symptoms of fever—dry tongue, thirst, hot skin, no appetite, &c. Neutral mixture was directed and a strict diet enjoined. In a day or two she was much better; tongue cleaning; skin cool and natural; pulse quite regular in every respect. During all my visits I had noticed in her an indisposition to communicate freely either with the family or myself, together with some somnolency at times, both of which conditions, however, were traced by the family to "natural sullenness." (This kind of taciturnity is very generally remarked as one of the characteristic symptoms of tubercular meningitis, and such is my own experience.)

On the 28th, at noon, four days after my first visit, my attendance was requested in haste, as the patient had suddenly become much worse. I found her almost insensible, with hot skin; pulse about 100, small and tense; tongue brown and dry; abdomen very painful, especially upon pressure, chiefly evinced by contortion of the countenance. Blisters were directed to her ankles, fomentations to the abdomen, with free cupping over same part, and cool drinks.

In the evening much the same; cups had not drawn well. At this time I was "halting between two opinions," not feeling perfectly assured whether the cerebral symptoms were primary or only sympathetic of abdominal disease. Small doses of calomel (gr. $\frac{1}{8}$) had been directed in consequence of the black-colored, tarry appearance of the stools. In the evening she was directed to be freely leeched to the temples and behind the ears, and to have purgative enemata administered. These latter brought away large quantities of black, tarry matter, the discharge of which was followed by such marked amelioration of the symptoms that I scarcely regretted the omission of the leeching, through negligence of the leecher.

Oct. 29.—Patient is much better this morning. Quite sensible, and has spoken to those about her so intelligently, as to induce a belief that the cerebral symptoms were the effect of an overloaded and unhealthy condition of the bowels. Injection

repeated; tongue much cleaner and more moist; desired nourishment. Notwithstanding this apparent amendment in some of the symptoms, she nevertheless at times, evinced a good deal of somnolency and indisposition to mental exertion. This was attributed as before, in a great measure, to natural temperament, and did not materially abate the favorable prognosis drawn from the other circumstances mentioned. Light nourishment was allowed, and revulsion kept up internally, by purgatives, and externally, by sinapisms, applied to the lower extremities.

On the next day she sat up on the side of the bed for an hour and a half, her muscular power being but little impaired. During a few days back, she had had no fever, pulse but little above the natural standard, the only marked deviation from health indeed, exhibited by her, being occasional *somnolency*, and more or less constant *mental dulness and inertia.* At times, when spoken to, she replied without exact meaning to her words—her mouth is kept more or less constantly closed, and she manifests unwillingness and hesitancy about protruding her tongue. She is able to swallow perfectly, and with her own hands put some grapes into her mouth and ate them with apparent relish. Her eyes are rather vacant, but occasionally they *become fixed* upon the person speaking to her, betraying, however, consciousness of what is said. When asked, she does not complain of any head-ache; is able to sit up in bed against a chair without any fatigue; abdomen painfully sensible to pressure. The somnolency has slightly increased; head of perfectly natural temperature; general surface quite pleasant in regard to heat and moisture—pulse about 100 and strong; is unwilling to protrude the tongue; there is not, and never has been, the slightest disposition to convulsion or paralysis. Bowels open, with black discharges—no vomiting; during the whole attack her skin has been strikingly insensible to the action of blisters and sinapisms, none of which have produced any effect. Position in bed quite natural, but remains almost immoveably the same. Upon making an effort to arouse her by talking to her and gently slapping her chest, she turned and looked indifferently at me. She continued much in the same condition from this time until the 10th of the following month, (November.) Now and then the symptoms remitting a little, but upon the whole sensibly and gradually increasing. In

consequence of sickness in the family, it became necessary today, Nov. 11th, to remove her from the house. The removal was effected as easily as possibly, but was followed by very great prostration, requiring the free use of active internal stimulants. On the 12th, two days after reaching her new quarters, she was suddenly attacked by paralysis of the whole left side of her body, and on the following day she died.

Autopsy—12 hours after death. Tubercles disseminated generally throughout the organs, the lungs being perfectly studded with them. They were miliary in character. The alimentary canal presented nothing remarkable—the peritoneum was slightly inflamed throughout, with depositions here and there, of minute tubercular granulations.

The brain, or rather its investing membranes, exhibited evident traces of the disease which had so insidiously commenced, and had been so obscurely marked throughout the great part of its course. The brain was slightly congested at several points, but was unchanged in consistence.

The membranes covering the upper portion or convexity, especially the pia mater, were very much injected and slightly thickened, with patches which were perfectly white and opaque, the whole being raised by a lactescent serous fluid effused beneath, which at the very summit gave the appearance of a distended sac. The same kind of lesion exactly was found at the base of the brain; the membranes at this point, and especially the pia mater covering the tubercula quadrigemina, enclosing a considerable deposit of purulent matter, mixed with tuberculous secretion in form of small granulations and shreds. Throughout the membranes themselves too, minute tubercular granulations were observable, resembling the appearances presented in the arachnitis of children.

In the opinion of all present at the autopsy, the disease must have been progressing for some time, and yet it failed to manifest itself at all, until about 18 days before the fatal result; and indeed, as before observed, the only *constant* symptoms of cerebral disturbance, were the sullen dispusition and mental dulness! In more than one case of tubercular meningitis falling under my care, precisely the same condition has been remarked; and in one instance particularly, this kind of lesion manifested itself by what was believed to be an attack of acute mania.

In the present case the patient complained of pain for a short time only, and just after the attack commenced. This symptom is usually a very prominent one in tubercular meningitis. The abatement for a time of the cerebral disturbance, with the accession of the ordinary phenomena of continued fever, coupled with the almost entire disappearance of disease, after the free discharge from the bowels, were calculated to confirm the suspicion of its abdominal character; and to lead to some confusion of diagnosis. This not unfrequently happens in cases of tubercular meningitis, not very clearly marked, its proper symptoms being obscured by, and at times almost completely merged in those proceeding from sympathetic or primary disorder of other parts, and especially of the alimentary canal. This alternation of one class of symptoms with the other, makes it necessary for the physician to exercise special care and discrimination in fixing positively the *locale* of the disease, which is thus liable, as has been seen, to exhibit such uncertain manifestations. In the early stage of tubercular meningitis, and whenever more certain signs are wanting, the occurrence of continued somnolency, with dulness of intellect and a moody, sullen disposition, will materially assist in the detection of the disease, or at least should always lead to the suspicion of its existence. The external indications of a tubercular diathesis, together with the discovery, by physical signs, of the actual presence of tubercles in the lungs or other organs, will, of course, go far in corroborating our judgment upon this important point. At the period of making the present observation, the above mentioned aid to a correct diagnosis, unhappily, was not employed to the extent which all should now unite in recommending.

The history of the case may, perhaps, serve to put others, as it ever since has done myself, more and more upon their guard in treating obscure, or imperfectly marked tubercular meningitis.

Case of Severe Wound of Abdomen.—Recovery. By P. G. Bertolet, M. D., Berks Co., Pa.

On the 20th of September, 1848, I was called to see H. G., æt. 12 years, who was gored by a bull at 8 o'clock, A. M., and reached the patient about an hour after the occurrence of the

accident. His clothes were literally torn into shreds, and covered with blood and dirt, while he vomited almost incessantly frothy matter mixed with blood. On removing his clothes, the following injuries were presented:

On the left cheek was a lacerated wound, extending from the angle of the mouth towards the ear about one and a half inches. It bled very little. Other parts of the *head* and *face* were much bruised and swollen.

Upon the anterior and posterior surface of the *thorax* were several severe contusions.

About an inch anteriorly and a little below the angle of the twelfth rib, on the left side, was a lacerated wound of the *abdomen*, running almost directly forwards, one and a quarter inches in length. Through this opening in the abdominal parietes protruded a portion of lacerated *omentum*, the size of a man's hand, and ten inches of the *colon*, probably a portion of the sigmoid flexure of that intestine. (That it was this intestine, was obvious from the peculiar arrangement of its longitudinal fibres or bands.) The protruding portions of the omentum and gut were matted with the torn clothes, and covered with sand and grass.

The coats of the *colon* were, however, entire, with the exception that several portions of it were stripped of the peritoneal coverings, and in one spot much contused, causing thickening by infiltration and swelling. It was pretty firmly held by the lips of the wound, so as to cause partial strangulation.

It is probable that the horn entered the abdomen at the wound, passed obliquely downwards and backwards, and upon its withdrawal produced the condition of things described.

There were three other extensive lacerated wounds—one involving the *scrotum;* one the upper and posterior part of the *thigh;* and the other of the *nates*. These wounds were nearly in a direct line, and appear to have been made by a single gash with the horn obliquely across the nates and thigh of the boy, from right to left.

The wound of the scrotum was triangular in shape, one angle extending to the root of the penis, so that fears were entertained that the urethra might be injured. The left testicle was denuded of all its investments, leaving the organ bare and pendulous by its cord.

The two other wounds were deep lacerated flesh wounds; that on the *right buttock* severed the glutæi muscles throughout their depth, while the opposite one involved the heads of the posterior muscles of the thigh. The sciatic nerve was torn off at this place, and nervous threads were drawn out, some six inches in length; these lacerated and protruding fasciculi were cut away with the scissors.

Fortunately the lad, after receiving so many hard knocks and bruises, had no fractured bones. The lower extremities were severely bruised in several places, but nearly all the suffering was referred to the left leg.

The patient was insensible during the greater part of the investigation and dressing, muttering incoherent words, but at times he would rouse up as from fear. I have seen a number of surgical cases during an extensive rural practice of six years, but never did I discover life in such a mutilated human being. He was of a passive temperament and had a strong constitution.

After acquainting myself with the position of the patient, without delay the aid of Drs. Darrah and Filbert was sought, who arrived at 10 o'clock, during which time I busied myself in cleansing and washing the patient.

On *consultation*, it was concluded that by reducing the protruding viscera and dressing the wound upon general principles, and by observing the strictest precautions in the regimen, the best possible chance would be afforded to the patient.

The injuries of the abdomen required our first attention. The protruding viscera were carefully cleansed and reduced by taxis; but it was not until half an hour's patient and careful perseverance, that we succeeded in the reduction of the *colon*. It was then pushed back as far as possible with the point of the finger, in order to bring it to its natural position.

The protruding omentum was much lacerated, (so that it appeared like coarse fringe,) and these loose and pendulous shreds were removed with the scissors; and after bathing it with cold water, which restrained the oozing hæmorrhage, it was reduced, and the wound carefully closed with the interrupted suture and a few strips of adhesive plaster; over this was applied a compress, and the whole dressing was retained by a broad roller, which served at the same time to keep the parts at rest.

Immediately after the reduction of these organs, the vomiting ceased, and the patient became more rational. The pulse also became fuller and stronger, having been previously very small and weak.

Next we introduced a catheter into the bladder, in order to ascertain the continuity of the *urethra*, for which fears were entertained; it however passed readily. The wound of the *scrotum* was closed by bringing together the loose coverings over the testicle to the root of the penis, and the edges retained by the glover's suture.

The wounds of the nates and thigh were also closed with sutures, in order to obtain all possible immediate union; and to give permanency to the sutures, adhesive strips were applied over them. A layer of charpie, smeared with simple ointment, was applied over this as well as that of the scrotum; and all these dressings were retained with several rollers.

The laceration of the lip was closed with the twisted suture.

It was now 12 o'clock, M., and the wounds of our patient were all dressed; he was now placed in a clean bed, loosely covered with a sheet or two, after which he expressed himself more comfortable.

The strictest precaution was given to the nurse to have the patient kept absolutely quiet, both mentally and corporeally. Diet, about a teacupful of rice water per day, and an opiate, if he should at any time become very restless.

Sept. 21*st.*—Eight o'clock, A. M. Found patient conscious and cheerful; complains of little pain, except in his left leg; he has slight tenderness on the right side of the abdomen, but none around the wound on pressure; some distention, or at least tendency to meteorism; vomited none; slept several hours during the night. Pulse 102 per minute. Thirst moderate. Tongue a little furred along its centre. Urinated freely—urine of limpid color. Had no alvine evacuation. Wounds gave patient little suffering and discharged very little.

It was deemed prudent to defer moving the bowels as long as possible; but directions were given, if the flatulency and colicy pains should become more troublesome, they should give two drachms of castor oil with twenty drops of laudanum, to be repeated every three hours alternately with enemata consisting

of milk and water, half a pint, with castor oil, to be continued until relief was afforded or the bowels opened.

The dressings were left untouched and the rest of the treatment continued.

Seven o'clock, P. M. Found that the patient had vomited all medicines given after the use of the first enema, and the bowels were not opened. The abdomen greatly distended and sensitive to pressure. Patient is weak, delirious and restless; pulse small and 140 per minute; took no nourishment during the day; vomited bilious matter all the afternoon.

Continued the enemata with some laudanum added, and after several injections the patient became composed.

22*d.*—Nine o'clock, A. M. Patient rational; distention of abdomen much diminished; has little pain, except in his right side (of the abdomen;) pulse soft and 88 per minute; partook of rice water this morning; vomited none since 4 o'clock; glysters brought away some feculent matter; urinated none for fifteen hours; drew away with the catheter about a pint of urine, which greatly relieved the pain in his abdomen.

Seven o'clock, P. M. Continues the same as in the morning.

23*d.*—Half past ten o'clock, A. M. General appearance of patient good, but has more thirst; tongue dry and red along its centre; surface somewhat hotter than natural, but skin feels moist; slept some during the night; complains of little pain, but nausea; voided some alvine matter with injections; urinated freely; wounds begin to suppurate. Treatment, with the omission of the glysters, was continued.

24*th.*—Nine o'clock, A. M. Found patient cheerful; pulse 75 per minute; respiration free; skin moist; less thirst; tongue moister and softer than yesterday; says he has no pain, even not in the abdomen under moderate pressure; tympanitis disappeared, and had the first natural evacuation this morning. Passed a comfortable night, and was disturbed only once, while dreaming about the *bull;* calls for more nourishment. The wounds were suppurating freely; found it necessary to change (for the first time) the dressings. The greater portion of the wound of the abdomen had already united, leaving open only its posterior extremity, which discharged healthy pus, with some sanious fluid. The wounds in general looked well, and the simple

dressing was reapplied. The wound of the cheek being united, the needles were withdrawn. Treatment continued.

25*th.*—General condition of patient as yesterday. Tongue begins to clean off.

26*th.*—Patient says he feels well, and asks for more liberal diet.

27*th.*—Gave a dose of castor oil, which brought away a copious stool containing fine dead lumbricoides; felt well on the evacuation. Wounds discharge freely; craves more food. Directed the addition of one cracker per day to his bill of fare, and substitute a pill of Ex. Hyoscyam. at bed time in place of the opiate.

28*th.*—Patient doing well; wounds begin to granulate finely, except that of the scrotum, which is somewhat indurated; emollient poultices to be applied to this.

The bowels were deranged from time to time, but were speedily brought to act by means of a little oil or a glyster or two.

30*th.*—Doing well; ordered some chicken broth.

Oct. 2*d.*—Found patient doing so well, that I deemed it superfluous to continue regular visits, but left strict orders that he should not assume the erect posture too soon, &c.

Nov. 11*th.*—I was again requested to see this boy, and upon examination found a prominence of the abdominal walls, several inches anterior to the place of the wound. The tumor measured about two inches in diameter at its base, while its surface was elevated about three-fourths of an inch above the surrounding parts. This condition of things was undoubtedly brought about by the patient's own imprudence, by assuming the erect posture sooner than was compatible with either his physician's directions or his own safety. The walls of the abdomen were not yet sufficiently strong to bear against the loaded viscera, and yielded under the pressure.

A truss with a large pad and easy spring, made expressly for him, relieved the case, and his protrusion has long since disappeared, and he has dispensed with his truss.

During the treatment the patient complained of *much* pain in his left leg, though some of the most important nervous trunks of this limb were severed. He slowly regained the use of the limb, the motion of it being at first very imperfect,

but in the course of several months regained its perfect use. The lad is now in excellent health.

The patient has recovered so perfectly, that a suit entered by his friends against the owner of the bull, was decided in favor of the defendant, the legal body finding nothing for which to allow plaintiff any damages.

Medical Wards of St. Joseph's Hospital, from May 1st to July 18th.—Service of DR. W. V. KEATING. Reported by JAMES GREEN, M. D., Resident Physician.

Disease.	Cured.	Relieved.	Died.	Removed.	Remaining.	Total.
Albuminuria - -	0	0	1	0	0	1
Amenorrhœa -	3	0	0	0	2	5
Anasarca - -	0	0	1	0	0	1
Anemia - -	2	0	0	0	0	2
Asthma - -	0	1	0	0	0	1
Bronchitis, acute -	2	0	0	0	0	2
" chronic	1	1	0	0	1	3
Cephalalgia - -	1	0	0	0	0	1
Cholera morbus -	1	0	0	0	0	1
Chorea - - -	0	0	0	1	1	2
Constipation - -	1	0	1	0	0	2
Delirium tremens -	11	0	1	1	1	14
Dysentery - -	3	0	0	0	3	6
Dyspepsia - -	1	2	0	0	0	3
Endocarditis - -	0	0	0	1	0	1
Erysipelas - -	3	0	0	0	0	3
Fever, intermittent	2	0	0	0	0	2
" remittent -	0	0	0	0	1	1
" typhoid -	5	0	0	0	3	8
" typhus -	7	0	1	0	2	10
Gastritis, acute -	1	0	0	0	0	1
Hysteria - -	0	0	0	0	1	1
Melancholia - -	1	0	0	0	0	1
Monomania - -	0	0	0	0	2	2
Otorrhœa - -	0	0	0	0	1	1
Phthisis - -	0	0	4	1	1	6
Pleurisy - -	2	0	0	0	0	2
Pneumonia, acute -	2	0	0	0	0	2
" chronic	3	0	0	0	1	4
" pleuro	1	0	0	0	1	2
" typhoid	0	0	1	0	2	3
Procidentia - -		0	0	0	1	1
Prolapsus uteri -	2	0	0	0	0	2
Rheumatism -	3	0	0	1	2	6
Scarlatina - -	2	0	0	0	0	2
Spinal irritation -	1	0	0	0	2	3
Struck by lightning	1	0	0	0	0	1
Tonsillitis - -	1	0	0	0	0	1
	63	4	10	5	28	110

The case of constipation referred to in the report presents some points of interest; we therefore present the daily notes of the symptoms and treatment, together with the autopsy.

Ellen Carrigan, æt. 20, born in Ireland, been 3 years in this country, admitted into the St. Joseph's Hospital, June 1, 1851, about 5 P. M. Gave then the following history of her case:—

She had been living near the Schuylkill, and had suffered from intermittent fever, for which she had been treated and considered cured. At 5 o'clock in the evening of the day on which she was admitted, she woke up suffering extreme pain in the abdomen; medical aid was obtained, but finding comparatively no relief, she resolved to enter the Hospital.

When first seen by Dr. Green, the resident physician, she presented the following appearances:—Pulse about 100, not very small; skin hot and dry; tongue furred in the centre and slightly reddened at the edges and on the tip. Patient seemed to be in great pain; abdomen tympanitic and tender on pressure. Having ascertained that her bowels had not been opened for three days, Dr. Green administered copious enemata, and gave internally the following: Jalap Pulv. Hydg. C. mit. *aa.* gr. x.; this was repeated in two hours, the first having no effect. Pulv. opii gr. ss. was added to the above prescription the second time.

On Monday morning, June 2d, I saw Ellen for the first time. On entering the ward, I was struck with her appearance, her face giving evidence of extreme suffering. She complained of the violence of the pain in the abdomen, which after a careful examination I found to be seated in or near the transverse colon. Both this portion and the ascending and descending colon appeared hard and filled with impacted fæces. The abdomen was exceedingly tympanitic, but the extreme sensibility seemed confined to the region of the transverse colon. The pulse was about 100 and not very small; tongue slightly furred in the centre and red on the end and edges; papillæ slightly elevated; skin dry and harsh. The pain is paroxysmal, and she has intervals of almost entire relaxation from suffering, lasting from two to five minutes. Previous to the accession of pain, by placing the hand on the abdomen, we could feel the contractions of the abdominal muscles commencing, resembling very much the impression conveyed by placing the hand over the uterus in the first stage of labor. She vomited occasionally during her pains, a bilious-

looking fluid, presenting nothing peculiar in its characters. Secretion of urine normal; no passage from the bowels.

I ordered cut cups over the abdomen, to be followed by a constant application of warm fomentations, the repetition of the enemata and pill; if these failed, the following: Hydg. C. mit. gr. v., Ol. Tiglii gtt. j., Opii Pulv. gr. j. M. in pilul. No. 1; if this did not produce the desired effect, to be repeated in three hours. She passed an uncomfortable day and night, her medicine having no effect, and the pain still retaining its paroxysmal character.

Tuesday morning, pulse the same as yesterday; skin jaundiced; no change in the tongue or skin; pain still continues; no passage from the bowels, but a profuse vomiting of fæcal matter took place this morning, whilst upon the close stool, passing an injection. I examined the abdomen carefully, and could not detect any hernia; abdomen still tympanitic, but not quite as tense or as tender as yesterday. She converses readily and seems quite easy during her intervals of pain; tongue natural, slightly furred in the centre; no appearance in the face of strangulation or invagination of the intestine, and if it had not been for the vomiting of fæcal matter, I would have unhesitatingly pronounced her something better. During all this time she complained of thirst, and was allowed lumps of ice.

Finding that the purgatives had no effect, I resolved to place her upon calomel and opium. I ordered, therefore, the following: Hydg. C. mit. gr. j., Dov. Pulv. gr. iv. q. h. 2, and a warm bath, to be followed up by warm fomentations.

Saw her Tuesday evening. Seems a good deal better, though still some pain; abdomen much relaxed since morning; vomiting ceased; pulse diminished in frequency; skin more moist; she seems quite cheerful and disposed to sleep. After an enema in the afternoon, passed a few scyballæ of a dark green color, but as yet no evacuation. I ordered an enema of castor oil f℥j, Croton oil gtt. ij, to be given at once, and the calomel and Dover's powder continued.

Wednesday morning. Found my patient much better; jaundiced hue of skin increased. She had passed a comfortable night; no vomiting; pain almost relieved, only a slight tenderness remaining over abdomen, which is entirely relaxed; had a profuse evacuation from the bowels, which consisted of a large mass of hardened scyballæ; urine free; pulse and tongue natural.

As she had some slight pain, I ordered her small doses of the solution of morphia, and an ordinary enema to be given.

Thursday morning. Ellen passed an excellent night; is quite cheerful; complains of a slight burning over the stomach; bowels open, stool natural, some pain in the uterine region; her period had arrived and she was menstruating. As she told me that she always suffered from dysmenorrhœa, I ordered a pill composed of 3 grs., of camphor and ½ gr. of opium every two hours. She was permitted to get up, and I left her considering her convalescent.

All Thursday she seemed to improve; walked about the ward; seemed very cheerful. In the afternoon, whilst walking up the ward, she complained of sudden blindness and immediately expired.

Post mortem.—Heart and lungs perfectly healthy. Liver slightly enlarged. Gall bladder very much distended with bile. Large intestine perfectly healthy, save for two inches near the junction with ileum, where it presents a very dark appearance. The mucous membrane highly injected. The whole of the small intestines were of a dark mahogany color, and gave every indication of having been subjected to strangulation. About two inches above the ileo-cœcal valve I found a band constricting in such a manner as to include about eighteen inches of ileum. This band has a perfectly free border, and presents no indication of a rupture. It is twisted upon itself like a cord. The intestine is also twisted upon itself at this point. There is a small perforation in the ileum on the lower side of this band. It would seem as if the band had existed for a long time, and the constriction of the intestine had been caused by the twisting of this band upon itself. There was no effusion within the cavity of the peritoneum. The ileum around the perforation for about half an inch in circumference was much thinned, entirely denuded of its mucous coat, and appeared on the eve of perforation.

Remarks.—The above case presents some points of deep interest. The pain had ceased. A return of fæcal evacuations—and, in fine, the physique and morale of the patient afforded us every indication of perfect convalescence. And yet, without any of the prodromes of perforation, without any effusion in the cavity of the abdomen—the patient, as it were, in perfect convalescence—perishes from a disease which was stealthily pro-

gressing, without giving any manifestation of its onward course. We are at a loss to account for the suddenness of the death in any other manner, than by a powerful shock upon the great nervous centres, arresting the action of the heart. K.

Surgical Wards of St. Joseph's Hospital, from May 1st to July 18th.—Service of DR. J. H. B. MCCLELLAN. Reported by R. DURNEY, M. D., Resident Physician.

Disease.	Cured.	Relieved.	Died.	Removed.	Remaining.	Total
Abscess, mammary -	1	0	0	0	0	1
Anchylosis of ankle-joint -	0	1	0	0	0	1
" knee " -	0	1	0	0	0	1
Artificial anus - -	0	0	1	0	0	1
Burns - - - -	5	0	0	3	0	8
Caries of phalanges -	0	0	0	0	1	1
" keee-joint -	0	0	0	1	0	1
" metacarpal bones	0	0	0	1	0	1
" metatarsal "	1	0	0	0	0	1
Contusion of hip and thigh	0	0	0	0	2	2
Conjunctivitis - -	1	0	0	0	0	1
Fractures, simple, 13, viz.:						
Arm - - - -	1	0	0	0	0	1
Clavicle - - -	1	0	0	1	2	4
Crest of ileum - -	1	0	0	0	0	1
Condyle of humerus -	1	0	0	0	0	1
Neck " " - -	0	0	0	1	0	1
Leg - - - -	0	0	0	0	1	1
Nasal bones - -	1	0	0	0	0	1
Forearm - - -	1	0	0	0	0	1
Femur - - - -	1	0	0	0	0	1
Spine - - -	0	0	0	0	1	1
Fractures, compound, 4, viz.:						
Foot - - - -	0	0	0	0	1	1
Leg - - - -	0	0	1	0	1	2
Comp. comminuted of forearm	0	0	0	0	1	1
Fracture, ununited, of leg	1	0	0	0	0	1
Fistula in ano - - -	4	0	0	0	0	4
" in perineo - -	0	0	0	1	0	0
Gonorrhœa - - -	3	0	0	0	0	3
Hydrops articuli of knee -	0	1	0	0	0	1
Paralysis of bladder -	1	0	0	0	0	1
Paronychia - - -	2	0	0	1	0	3
Scirrhus testis - - -	1	0	0	0	0	1
Sprains - - - -	2	0	0	0	0	2
Ulcers - - - -	1	0	0	0	0	1
Wounds, simple:						
Radial artery - -	1	0	0	0	0	1
Palmar arch - -	0	0	0	0	1	1
Scalp, lacerated - -	2	0	0	0	2	4
Foot, " - -	0	0	0	0	2	2
Hand, " - -	1	0	0	0	0	1
Eye - - - -	1	0	0	0	1	2
	34	3	2	9	16	64

In two of the cases of compound fracture, amputation was found necessary. In one of these—that of a compound fracture of one leg with comminuted fracture of the other limb, from a railroad accident—it was performed on the sixteenth day after admission, in consequence of mortification having taken place. The patient died on the twenty-eighth day with sloughing of the stump. In the other case—a compound and comminuted fracture of the forearm, in which the hand and both bones were completely crushed by being caught in the machinery of a cotton factory—it was performed immediately after reaction, and the patient is now doing well.

The case of ununited fracture of both bones of the leg, was cured simply by the support of splints and bandages steadily continued for a long time. This treatment was adopted at the previous term by Dr. Horner, and was continued in this with complete success.

The case of artificial anus was the result of an operation for strangulated hernia, performed in the city some months previous. The parts around the orifice, which was of considerable size, were very much thickened and indurated; and every effort made to accomplish a cure without resorting to an operation, was without the slightest effect. Fæces were constantly discharging through the wound, and could not be retained or suppressed by any bandage or appliance whatever. The skin for some distance around the orifice became excoriated and tender, and the patient rapidly declining in health, it was determined to perform Dr. Physick's operation, with the hope of affording relief. This operation was performed by dilating the wound or external orifice, so as to apply a ligature to the deeply-seated gut. Owing to the induration of the tissues, and the alteration from the normal condition of the parts, this required considerable care, notwithstanding which the epigastric artery was divided. It was, however, promptly and with little difficulty secured, with very little loss of blood. A ligature was then applied, attached to a curved needle by means of Physick's forceps, through the septum, dividing the double gun-barrel-like orifices of the bowel. The case did not progress favorably after the operation. For about twenty-four hours the patient was apparently doing well, but she gradually became weaker and weaker, and finally exhibiting the

characteristic symptoms of peritonitis, died on the sixth day after the operation. On a post mortem examination, the ligature was found in the proper situation, about a quarter to half an inch from the external margin of the septum, and adhesion had already taken place between its layers. The bowels were found to be inflamed some distance both above and below the seat of the operation, with extensive adhesions between their folds.

CLINICAL REPORTS.

Clinic of Jefferson Medical College.—Service of Profs. MÜTTER and PANCOAST. Reported by G. R. Morehouse, M.D.

Clinic of February 15, 1851.

Cases presented this day:—Luscitas; oscillation of the eye-ball; ophthalmia neonatorum; tendinous paronychia; caries of the tibia; two cases of strabismus, (convergens and divergens); hæmorrhoids; chronic inflammation of ligaments of the ankle; cystic goitre; extensive laceration of the hand; osteo-sarcoma of fibula; aneurism by anastomosis; epulis; varicocele; cataract; tertiary syphilis; abscess under the biceps flexor cubiti; glaucoma; caries of of the vomer; granular conjunctivitis; fungus hæmatodes of the eye; encanthis; necrosis of the femur; erysipelas; onyx; functional derangement of the cerebellum; caries of spine; varicose veins of leg; amaurosis. Total 30.

The following cases, after the clinical remarks as given below, were operated upon before the class by Professor Pancoast.

Case 1*st. Cystic Goitre.*—John Flinn, aet. 42, originally from the limestone region of this State, has, for some time past, been troubled with hypertrophy of the thyroid Gland. From the account he gives us, we gather this history of his case.

Before being subjected to any treatment, the tumor presented the usual appearance of goitre—a soft, painless, elastic swelling,

occupying the position of the thyroid gland, of moderate bulk, and devoid of any signs of acute inflammation. Disliking the deformity, however, and dreading its further growth, the patient sought medical aid. He was placed for a long time under the internal and local use of iodine, which did not act so beneficially in this case as it is wont to do; the tumor seemed at first somewhat diminished, but it soon began to increase anew, and became firmer and harder. The skin covering the tumor became so red and tender under the use of the local application, that his physician deemed it advisable to discontinue the remedy. The burnt sponge was not used in this case, which I believe even more efficacious than the iodine, nor was any local depletion made, which it seems to me was indicated by the unusual inflammatory character of the case, as evinced by the rapidly increasing redness and hardness.

As it presents itself now, the edges of the tumor are strongly defined, both lateral lobes are very prominent, hard, and firmly adherent to the skin, which is red, shining, and extremely sensitive to the touch. In the isthmus, which is nearly as broad as the gland, there is a round fluctuating tumor, near the top of the sternum, about the diameter of a dollar, evidently a cyst developed in the tissue of the gland. The patient suffers greatly, respiration is seriously interfered with by the pressure of the enlarged and hardened mass upon the trachea, the return of the blood from the head by the veins is impeded from the same cause, producing a fulness of the vessels of the face and neck, and giving the patient a dark, puffy countenance, as of a man half-strangled. I look upon this case, as one of the most serious character. The excessive hardness of the mass, and the close adherence to it of the sensitive and violaceous skin, unusual circumstances in goitre, lead me to fear the disease is of malignant character, and to form an unfavorable prognosis—for cancer of the thyroid gland, though very rare, is sometimes met with. What can we do for the patient? The extirpation of the gland entire, a thing, many times attempted, sometimes done, is not to be thought of. It would be accompanied with such imminent risk to life, that no judicious surgeon, even in a case much more favorable than this, would attempt it.

To cut down and tie the superior thyroid arteries, an uncer-

tain remedy at best, though not difficult in ordinary cases, is nearly impracticable here, from the size and unyielding character of the tumor. I believe, therefore, we must rely upon local depletion, and the use of an alterative pill internally, consisting of a half grain of the protiodide of mercury; two grains of gum guiac., and a third of a grain of opium, three times a day, keeping the patient quiet, and giving him a well regulated regimen. The cyst at the furca of the sternum, which is a very sensitive point, seems to press upon the trachea and must be otherwise disposed of. The cystic tumors of a goitre, require and justify some operative measure. Though they may have obtained considerable size, they have originally sprung from the cellular spaces of the gland that have undergone great enlargement, and may therefore be attacked with much more safety than a solid growth in the organ, which would be found more vascular. They may be treated with a seton, as we treat hydrocele of the scrotum and neck. This I have several times done with success, but it is attended with considerable risk, from the constitutional irritation it excites, and from the purulent absorption which may follow, both of which have occasioned death. They have been injected with iodine, but this is more hazardous still, and as erysipelas is very liable to follow, few surgeons would repeat the experiment. Prof. Porta, of Padua, in Italy, has proposed in a recent work, to dissect out these cysts. This, which at first view, would seem a very hazardous proceeding, from the very vascular character of this blood-gland, is really, a most judicious suggestion. For the cyst, you must recollect, springs from a small origin, and is really, rather a new development in, than a part of the proper structure of the gland.

I have recently put this suggestion in practice and succeeded in effecting, what I believe to be a final cure of a large goitre, in a young lady of this city. The enlargement in this case was principally confined to the right side of the gland, and was of several years standing. In the first instance, it was a solid tumor, accompanied with great anemia, a rapid fluttering pulse, and protrusion of the eye balls. By a varied course of medical treatment extending through eighteen months, I was enabled to overcome these latter symptoms, and greatly reduce the size of the gland. Then followed a cystic tumor, in the same position as

the one in the case before us. This I finally obliterated by passing a seton through it, which I kept in for several months. Before the ribbon was withdrawn, another cyst was developed near the top part of the right thyroid lobe, which grew uninfluenced by any treatment I applied, till it reached the size of a pullet's egg. From its high position in the neck, the deformity was so conspicuous, that its removal in some manner was earnestly desired by the patient and her friends. I determined on reflection to attempt its extirpation after the plan of Professor Porta, for I deemed this, if cautiously done, not attended with greater risk than the use of the seton, which in the treatment of the former tumor had caused great constitutional irritation. If I could not remove the cyst entirely without provoking dangerous hæmorrhage, I determined, after laying it bare, to cut away a portion of its walls, and dress it from the bottom with lint. With the assistance of Dr. Ellerslie Wallace, I performed the operation in this way. I first made a free vertical cut through the skin, over the longitudinal axis of the tumor. I next cautiously divided the fasciæ and the platysma muscle, which was very red, thick and vascular, over a grooved director. The tumor thus exposed, presented a blue or livid appearance, from the coagulated blood with which it was filled within. I opened the cellular tissue over the top of the gland, and with a blunt strabismus hook, drew out and tied the superior thyroid artery, which was of large size. At the outer edge of the gland, and about its middle, I found a strong pulsating branch coming up from the inferior thyroid. This likewise I isolated and tied. I next proceeded to the sepation of the cyst, grasping it with the forceps, and working it loose at its circumference from the body of the gland with the handle of the scalpel. I found its attachments very feeble, little or no stronger than those of the follicular tumors of the scalp, which you have so often seen Dr. Mütter and myself turn out in this arena. Under the grasp of the forceps the walls of the cyst gave way, and its contents were discharged. The sac collapsed a little, and I finished by detaching the tumor, otherwise entire, from its bed in the gland, with the finger nail. A little arterial bleeding followed, from the bottom of the deep hole left in the gland. By introducing two tenacula at right angles with each other, and throwing a ligature around them, this was at once

suppressed. One or two other minute arterial twigs were tied in the substance of the platysma muscle. Very little blood was lost. The wound was lightly dressed; some suppuration followed, but in the course of three weeks, the cicatrization was complete. If no other tumours should follow, the patient will escape with only the marks of the incision, and a thyroid gland a little fuller than natural, for I believe when once greatly hypertrophied, this organ seldom, under any treatment, goes down to its normal size. If cysts should form subsequently in other parts of the gland, I would most certainly endeavor to remove them by the same process. This is, so far as I know, the only instance of a dissection of a cyst from the thyroid made in this country. But it has been repeatedly done by Professor Porta, and others in Italy, and the operation though requiring great caution, and knowledge of the structure on the part of the operator, is not difficult. In the case before us to-day, I would not however venture upon the operation. The prospect of a cure, is, I believe under any plan uncertain. I shall therefore merely lay open the cyst by an incision, and discharge its contents, so as to relieve the pressure on the trachea. I will then fill the cavity lightly with lint, and when the bleeding ceases poultice it, in order to promote suppuration and granulation. I treated successfully, about three years ago, a similar case in this place, after this manner, though I was then compelled to make repeated application of the vegetable caustic, to destroy fungous growths from the part. The cyst was opened, and its contents of coagulated blood, pus and serum evacuated. Its lining membrane was found studded with soft fungous excrescences, nearly filling its cavity. A dossel of lint was placed in the wound to check the bleeding, retained by a strip of adhesive plaster.*

Case 2d. Paronychia.—Rosanna Gillespie, æt. 39, presents herself with the worst form of whitlow, arising from a punctured wound of the finger. Cases of this sort are common occurrences,

*The result in this case seems likely to verify the unfavorable opinion of it above expressed. The patient experienced considerable immediate relief from the operation, as the tumor was much diminished and the breathing easier. But when last seen, some three months afterwards, a fungous growth of bad appearance had sprouted from the suppurating wound, for which a chloride of zinc paste was ordered.

and, therefore, more important to you, inasmuch as they will meet you at your first entrance into practice, and, if not properly managed, may terminate seriously, either by the loss of the finger, hand, or arm; or even of life itself, when the absorbents become extensively involved. In the present case the first stage has hardly passed; matter has formed beneath the vaginal ligaments and within the tendinous sheath of the finger, and has extended itself into the sero-cellular envelopes of the tendons in the palm. The constitutional disturbance has been very great, the glands in the axilla, and along the upper margin of the clavicle, are enlarged; the hand and wrist are greatly swollen; and here and there, along the arm, can be traced the red lines of commencing angeioleucitis.

Now, gentlemen, to understand this affection thoroughly, you should comprehend the *modus agendi* by which a trifling puncture lights up so severe a malady. The first effect of the puncture is inflammation with throbbing, which, if the puncture is not deep, is seated merely beneath the skin, but is exquisitely painful, from the number of nervous fibrils, pacinian bodies, and papillæ spread over the finger. The skin, from the thickness of the cuticle in this position, does not yield readily to distension, hence a lye poultice, by softening the cuticle, often tends, in the early stage, to assuage the pain. Sooner or later, if not arrested, the inflammation extends itself beneath the vaginal ligaments, involving the double synovial sheaths and trabecular threads of the tendons. The ligaments possessing no elasticity, do not yield to the increasing bulk of the inflamed tissue beneath; strangulation is therefore produced, and we have, as a consequence, sloughing of the tendinous sheaths, and of the periosteum lining the bottom of the vaginal grooves, with subsequent death of the phalanges. This constitutes a felon, in common language. But the disease, though compressed laterally, extends itself readily enough upwards into the palm, following in the sheath of one finger up into the common sero-cellular envelope of all the tendons of the hand and wrist. These parts swell enormously, and in this state are compressed by the bones on the one hand and the palmar fascia and the annular ligament on the other, producing agonizing suffering, and rendering tetanus liable, from strangulating pressure upon the nerves. The confined inflamma-

tion in the centre of the palm is now disposed to extend itself down the thecal bursæ of the other fingers and thumb, and along the tendons of the flexor muscles, high up the forearm ; and in two instances, I have seen it spread over the bellies of the muscles, and finally destroy the ligaments of the elbow joint, and the interosseous ligament of the forearm. Under such circumstances the life of the patient is in great danger, and there is imminent risk of mortification of the hand and arm. Now, how are we to arrest all these terrible consequences, for, to some extent, they will surely follow in the case before us, if relief is not afforded.

The first, and most obvious, indication to be fulfilled, is the relief of the strangulation. This is to be done by entering the curved sharp-pointed bistoury, vertically through the skin, down through the vaginal ligaments, to the flexor tendons. Then bring the bistoury, with the back toward the palm, and let the point slide under the ligament, in the direction of the end of the finger, and then out through the skin. Let the incision extend the length of one phalanx ; if it were made the whole length of the finger, the tendons would start out from the sheath. If more than one opening on the finger is required, it is best to make a separate puncture over another phalanx.

In this case, I make a free opening over the first phalanx of the second and third fingers, which particularly suffer. A considerable amount of pus escapes, as you see, and I am able to press more from the palm of the hand, rendering it clear to you that I have cut into the bursal sheaths of the tendons. Still the general purulent mass, which has collected in the palm, may not be sufficiently well discharged from these incisions, as we know the thecal bursæ are not open channels, but have here and there septal attachments, which connect them to the tendons. How, then, if this should follow, are we to free the palm? Lay it open as we have done the fingers? No! That would effectually relieve the strangulation and let out the matter, and we all know, as in this other case of hand, with extensive laceration, which I now show you, that a violent injury of the hand, as that made by the bursting of a gun, provided it opens the palmar fascia thoroughly, does, if judiciously treated, nearly always, well. But if we were to lay open the palm, by an incision, in the subject

before us, we should inflict great pain, leave a deforming and troublesome cicatrix, which ought if possible to be avoided, and give rise to a troublesome hæmorrhage by the division of the ulnar arch, an arterial trunk which bleeds profusely when cut, but like other arteries bleeds little when violently torn. But when the middle palmar fascia becomes involved, as it sometimes does at one of its sides, so as to let a soft fluctuating tumor form in the palm, the tumor must then be opened, as the violence of the inflammation necessary to produce this result, will have effectually blocked the vessels of the part. I have a much better way, when the palmar fascia has not yielded, by which I have several times afforded complete relief in this state of the hand, without any of the undesirable results above referred to. This consists in passing a somewhat blunt pointed, curved and rather dull bistoury under the opened sheath of the tendon, from the first phalanx, whether it be finger or thumb, into the centre of the palm, and sweeping it gently round, so as to break down the inflamed synovial and cellular tissues, and furnish a free outlet for the fluids with which they are distended. Little force is given to the sweep of the bistoury, so that the tendons need not be cut. No arterial hæmorrhage will follow, for the swollen state of the hand separates the two arches—the radial arch being fixed by its perforating vessels, near the face of the metacarpal bones, and the ulnar being pushed off with the palmar fascia, laying as it does in front of the superficial flexor tendons. This I shall do, if by to-morrow I do not find the state of the palm much improved. For the present, I shall direct the hand and arm to be kept constantly sopped with a strong solution of the extract of lead and laudanum in water, and direct the patient to take the following mixture:

℞.	Aqua Camphor.	
	Sp. Mindereri ana,	f. ʒiij.
	Sp. Nitri. Dulcis,	f. ʒss.
	Morph. Acetat.	
	Ant. Tart. ana,	gr. i.
	Sac. Alb.,	ʒj.

In table-spoonful doses, every hour, for the purpose of quieting nervous irritation, giving the patient sleep, and reducing the

fever by exciting free perspiration. If perspiration does not follow after the third dose, I would slightly increase the proportion of tart. antimony, to ward off febrile excitement. The patient, for the present, to be kept on a diet of toast and tea. The back of the same fingers, as well as the hand, is, as you see here, much swollen. This is but an extension of the disease from the palmar surface. Matter may form here, so as to render it necessary to make incisions for its exit. If it be necessary to do do this, in the back of the hand, I sometimes purposely include in the cut one of the superficial veins, in order to unload the vessels. As the disease extends round to the back of the hand, so will it sometimes invade the joints of the fingers, followed, occasionally, either by anchylosis, or the necessity of amputating the part. If the accident occur in a subject with a strong tendency to scrofula or phthisis, we may have fungous degeneration, like the white swellings of the larger joints, for we have here the same tissues to be involved. Even when neither of these cachexia are present, we sometimes have a spongy, fungous state of the tendinous sheaths, that we have to correct by touching lightly with caustic potash.

Still, under the treatment, above suggested, and which I have found, of all others, the most reliable in these cases, I have no doubt the patient will do well. There may remain a permanent stiffness of one of the fingers, if there be great injury to the tendons where they pass each other, but I feel very confident, that not only the patient's life, but her hand will be saved.

Cases 3 *and* 4. *Strabismus, (convergens and divergens.)*—We next have presented two cases of Strabismus, one female and one male, both adults—and both cases of double squint. In the former we have the internal or common form of the affection, strabismus convergens. In the other, we have the external squint, or strabismus divergens; a variety which I believe does not occur more than four or five times in a hundred cases of this deformity. This, from its comparative rarity, is a much more unpleasing affection than the internal variety; both eyes look outward like those of the bullock, and hence we have the term bull-eyed, applied by the vulgar to persons thus afflicted. You have seen me already operate, many times, for strabismus,

during the session, and are familiar with the mode which I practise. I shall proceed to correct the deformity in both these cases to-day, and will take this occasion to enter briefly, though somewhat more fully than I have hitherto done, into the principles involved, and the rules by which I am guided in the operation. I do this the more willingly, because I think they are not so well understood generally as they should be, and because, from the imperfect success of the operation in the hands of many surgeons, there is a sort of general opinion in the profession out of the large cities, that the operation for strabismus has, in a great measure, been abandoned. Now, there is nothing more untrue than this.

I was among the earliest in the country to operate for this deformity, after the news of Dieffenbach's successes, in 1839, had reached us. I have continued to operate from that time to the present, and have certainly, in all, performed something like a thousand operations, and in patients of almost all ages between 5 and 60; and my most deliberate conviction is, that there is no operation in surgery that yields (when rightly managed) more gratifying results. It is one of the very few in which I feel inclined to promise a perfect cure, provided the patient will yield obedience to my after treatment. Too many are apt to believe that the whole of the operation consists merely in cutting a tendon. That any one can do; but it is a small part of what we have to attend to. The character of the operation has to vary with nearly every case.

Much more time would be required than we can possibly spare to-day, as there are some other patients to be attended to, were I to undertake to cover the whole ground of necessary instruction. I will do the best I can by laying down some rules.

We must first start with a proper knowledge of the cause of the deformity. This consists in a disproportionate unrelaxing or spastic contraction of one of the straight muscles of the eyeball, when compared with its antagonist on the other side of the ball. This may be, and very commonly is in the first instance, confined to one eye, but as it destroys the parallelism in the axis of vision of the two organs, the other eye is sooner or later, and to more or less extent, made, sympathetically, to assume the same kind of distortion. The exact cause of the too forcible

or unyielding contraction of one muscle is various. It seems to arise, occasionally, from the mere habit of imitation; by too exclusively keeping the eye fixed on near objects; from the forceful pressure of the finger against one ball, for the amusement of making objects look double; from the growth of a tumor, which prevents the eye from turning properly; and from a variety of like varying causes. But by far the most common of all, is the disturbance of the centric extremities of the nerves of the straight muscles by some congestion or inflammation of the meninges or substance of the brain, which so often occurs in scarlatina, measles, hooping cough, or cerebral fever. The result of this disturbance as the cause of squint, has been long known to the profession, but it was taught, and even so lately as in the last surgical lectures of Sir C. Bell, to be due to the paralysis of one muscle, and not to the over stimulation of its antagonist. This error in pathology fettered the hand of the surgeon, for over a paralytic muscle he had little means of control. Stromeyer and Dieffenbach showed as the general rule, the incorrectness of the opinion.

I see cases occasionally, in which the form of strabismus, (the divergent) as shown in this case, appears to be produced by a congestion of the cavernous sinus, through which runs, as you know, the nerves to the muscles of the eyeball, and with the internal wall of which the sixth pair of nerves is intimately connected. I have been several times consulted by patients, so far as I recollect all adults, for relief from a double vision, steadily increasing and of recent occurrence. In all these cases the squint was external, and was accompanied with a sort of amblyopic dulness of vision, undefined pain in the region of the head, increased intolerably by exposure to our summer sun, with more or less constipation and irregularity of the bowels. I have not, of course, any positive proof of the correctness of the pathology, but I have thought that this state of things was dependent upon a congestion of the choroid veins of the eye, and the cavernous sinus, accompanied by a sluggish circulation in the portal venous system, with which the German ophthalmologists teach that the choroid veins so directly sympathize.

Be that as it may, I have always been able to relieve these cases when recent, (and last winter I had an opportunity of

showing the fact in this clinic,) by repeated alternate cupping and blistering to the back of the neck and temple, occasional thorough purging with blue mass and comp. ext. of colocynth, and giving daily douches of cold water to the head while the patient was resting up to the knees in hot water. If this affection, however, is not seen in its early state, I believe it is not possible to afford relief, except by dividing the tendon of the muscle, (the external rectus) which has undergone the spastic or unrelaxing contraction.

I will now in this case of internal squint, make the preparatory investigation necessary to the operation.

I first wish to determine if this is double, and if so, if the distortion is equal in both eyes. To do this accurately is difficult, for the patient can direct either eye at will straight towards an object, and the whole obliquity of both eyes will seem accumulated in one. The mode to which I resort, to determine this, in all forms of squint, is the following: I place myself in front of the patient, and direct him to roll the eyes as far as possible, alternately to the right and left. Now a person at middle age, with healthy eyes, can hide the white completely at the outer canthus and slightly bury the edge of the cornea at the inner. A young subject in which the tissues are always more yielding, can do more than this. If I find after repeated trials of this sort, that the movements of one eye are normal, and that in the other the cornea is buried too deeply in the inner canthus, and that a strip of the adnata, a sixth or an eighth of an inch, is left uncovered at the outer, then, I say the internal rectus of this eye is alone at fault, and its tendon must be divided.

We will also frequently observe in the faulty muscle, an involuntary and rapid twitching when the eye is turned strongly in the opposite direction. If, at the same time, I find that the eye at fault pretty generally rolls upwards and inwards, or downwards and inwards, I say, that a portion of the upper or lower rectus muscle is likewise concerned in the deformity, and may, after the operation on the internal rectus, require to have its tendon cut, and I locate my incision through the conjunctiva to suit.

I next observe carefully when the patient is making no unusual effort with the eyes, whether the lids open equally wide, or, in other words, if there is not a larger disk covered at the upper

part of the cornea in one eye than the other. If so, I am sure that the eye that has the cornea most covered, is the one which has the shortened muscle and the squint, for the effect of the strabismic contraction is to sink the ball and leave the lids less widely separated. By applying these tests, we may find both eyes equally affected with strabismus, or affected in different degrees, and we must plan our operations accordingly. Here comes into requisition the judgment and skill of the operator, for the nice point to determine is, which tendon, and how far, he is to cut—for a wrong incision often leaves a deformity which it is hard to correct. By a close attention to these rules, one surgeon will be almost invariably successful, and another of equal, or even greater merits in other respects, will without it be occasionally very unfortunate.

If it be a clearly marked case of single squint, the course is plain; you have but the one eye to act upon, and you divide the conjunctiva over the insertion of the tendon, raise the tendon with the blunt hook and divide it neatly with the scissors near the sclerotic coat, so as to leave no protruding stump to the tendon. If the squint has been at the same time a little upwards or downwards, you must dilate the intermuscular fascia by a section in one of those directions. If after this the eye does not come straight, you should, provided it remains a little sunken, divide a portion of the superior or inferior rectus. But if the eye, without becoming straight, is a little more or equally prominent with the other, withhold the division of these muscles, for if you cut them you weaken the stays of the ball, and you will have the eye, though it may be straight, probably prominent and protruding—a result which has been too frequently produced by an attempt to cure a double squint, in the mistaken belief that one eye only was at fault, and which is the main cause that the operation has fallen into discredit with those who have witnessed such mishaps. You have now a squint in the other eye, and to that you must turn your attention. It cannot be very great, or you would have discovered it by the preparatory tests to which I have alluded. You have therefore to divide the corresponding tendon in the opposite eye, and this may be done in the *adult*, at the same sitting. It must, however, be done with caution. You have to cut the tendon of the internal rectus com-

pletely, or you gain nothing, for if a few fibres be left it will keep up its disturbing action on the ball. But you should not cut any portion of the intermuscular fascia, and ought to weaken as little as possible, the retaining force of the conjunctiva. Your object is to straighten the direction of this ball, without causing it sensibly to protrude.

For this purpose the sub-conjunctival operation of Guèrin, is the most appropriate, in which we make a puncture, and divide the tendon with this crooked knife beneath the surface, as in the subcutaneous process upon the tendons about the joints. Or wanting this instrument, it answers nearly as well, to make a horizontal incision of the conjunctiva, raise the tendon between the lips, and divide it with the knife or scissors under the edge of the membrane.

I have here stated one of the ordinary difficulties that occur in the operation, and the mode in which you may effect a perfect cure without causing in either eye a prominence beyond the other. We will very frequently have a double squint, so strongly and clearly expressed, that it will be best for us to act at once on each eye with the common vertical cut of the conjunctiva, limiting ourselves at first, however, to the division of the single tendon merely on each eye. After this is done, we then apply the preparatory tests above noticed, and see which eye requires, in order to bring both parallel and with an equal degree of prominence, to have the intermuscular fascia dilated upwards or downwards, or one of the adjoining straight muscles either partially or in extreme cases entirely cut. These incisions have frequently to be made upon both eyes, especially in cases of long standing, but not usually to an equal extent.

I have spoken of the operation as yet in reference to adults, and in cases of internal squint. The same remarks will apply to the operation for external strabismus, which is easier of performance, as the tendon on that side is uncovered for a longer space, and we have no plica semilunaris as at the inner canthus, into which or even immediately adjoining which, we are never to cut. Notwithstanding this, the cure of the external squint does not appear to me to be quite so easily, or so readily made, as that of the internal, and the cause of this appears to me to have been in some cases owing to an attendant paralytic weakness of the internal rectus muscle.

If you are treating young subjects, (and under ~~10 years~~ of age I would not advise you to undertake the operation, though there may be very properly exceptions made to this rule,) you must be much more guarded in respect to the extent of your sections. For in young persons, the overstretched muscles have much greater recuperative energy, and this gradual increase of their power, seems extended over several days. The evil to be feared then is, that the muscle antagonising the one cut, will pull the ball so far over as to let the divided tendon become reattached too far back on the globe. There are, therefore, few cases in persons under puberty even of double squint, in which I should deem it judicious to operate on both eyes at one sitting. I would advise you to cut the tendon, and that merely on the eye most distorted, at the first sitting, and wait for for a few days or a fortnight, or even months in some cases, in order to ascertain fully what effect will be produced. It will then be found sometimes necessary to divide the tendon of the contracted muscle, on the opposite side. But in children you must always remember to make allowance for this recuperative force of the muscles, and not seek to make the eyes immediately straight. The proper degree of allowance to make, is one of the difficulties of this operation, which has to be graded by the judgment of the operator, according to the age of the patient, and the degree of the deformity.

It is true, in case an external squint should follow an operation for one of the opposite kind, you have it in your power to correct it by a subsequent division of the external rectus tendons, yet it is a most unpleasant result, which you ought, and may most usually avoid. One mode to which, when I particularly fear such a result, I have recourse, is, to stop considerably short of making the eyes straight, to reintroduce subsequently my blunt hook so as to loosen the reattaching tendon and nick the fascia above or below very cautiously with the scissors without enlarging the wound in the conjunctiva, until the balls begin to assume their proper positions.

In persons at, or past the middle period of life, we need have no fear of such a result, and the eyes should be made fully straight at the first sitting. I have operated in one case of unusual interest—a Mr. Samuel Solomons, near ~~60 years~~ old, a patient of Dr. Mœhring's of this city. This man was partially

amaurotic, and had so extreme an internal squint, that both corneæ were held hidden, save a small disk at the outer margin, in the internal canthi. The sight in one eye being a little better than the other, I selected it for an operation. By grasping the conjunctiva (which was red as scarlet, from its being always exposed) at the outer border of the cornea, and making traction upon it with the forceps, so as to be able to get a hook upon the inner side of the cornea, I managed to divide the internal rectus, the superior rectus and a portion of the inferior, with the intervening fascia, so as to get the cornea nearly round to the front of the orbit. By this means I was enabled to render the sight which had before been nearly useless, in a considerable degree serviceable to the patient. I mention this fact, as a striking illustration of the difference in density and resistance between the same structures at the opposite extremes of life. I have met with cases, however, even in young subjects, where the fascia and cellular structure at the inner canthus have been hardened by chronic inflammation, as when a wound has been inflicted or a carious bone detached, that rendered necessary a free dissection of the ball on one side, before the eye could be pulled straight by the antagonising muscles. But these are exceptional cases.

I have not in these remarks, spoken of any operation upon the oblique muscles, which we were at one time directed by many writers to cut in strabismus. The division of these muscles, is, at least in all ordinary cases, unnecessary, as I believe they are never directly concerned in the production of strabismus. I have several times divided them, in my early experience with this operation, without the slightest change in the ordinary movements of the ball. In two instances only was the division of the tendon of the superior oblique, attended with manifest advantage. In those cases, after having cut the internal rectus tendon, and dilated the fascia above and below, I found the ball held by some cellular tissue, in the direction of the superior oblique tendon. I drew this tendon out from the wound made through the conjunctiva, and divided it. It separated with a snap, and the hardened bands of cellular tissue, which had been held tense by it, were at once released, and the eye took its proper position in the orbit.

The operations were then performed on both patients in the manner above described, and with the usual successful result.

Two other operations were then practised, one for oscillation of the eye ball, and one for the radical cure of varicocele, but for want of time Prof. P. has deferred his explanatory remarks till another clinical occasion.

BIBLIOGRAPHICAL NOTICES.

Principles of Physiology, General and Comparative. With three hundred and twenty-one wood engravings. By WILLIAM B. CARPENTER, F. R. S., F. G. S., Examiner in Physiology and Comparative Anatomy in the University of London, Professor of Medical Jurisprudence in University College, &c. &c. *Third Edition.* 8vo. pp. 1098. Blanchard & Lea. Philadelphia: 1851.

It is pleasing to observe the degree of attention, that is now paid to a department of medical science, which is most assuredly the great foundation for all pathological reasoning. The day has passed when it was necessary to urge the claims of physiology to the attention of every physician. So intimately is it associated with histology, that, although the latter is undoubtedly a branch of anatomy, being nothing more than the minute anatomy of the tissues, it is customary to develope it to a greater extent in treatises on physiology than in those of anatomy. Of late, indeed, we have had excellent works—those of Gerlach, Hassall and others, for example, and the admirable unfinished treatise on Microscopical Anatomy by Kölliker—which are specially devoted to histology, and have added greatly to our knowledge in this direction. Anatomy is far from what it was at the beginning of this century, at the period when Bichat closed his distinguished career. The anatomy of the tissues was cultivated under the name of General Anatomy, but the microscrope had not then rendered such essential service; and organic chemistry, which has shed so much light on histology, was alto-

gether in its infancy. Now, it has experienced such development, that to become acquainted with the new terms which have been introduced to designate successive discoveries, is a work of Herculean—almost hopeless—labor. What would the Cavendishes and the Lavoisiers understand by Allantoin, Alloxan, Parabanic acid, Thionuric acid, Uramile, Alloxantine, Murexide and Murexan? And these only so many results of the oxidation of uric acid. The boundaries of science in all its departments have, indeed, since their time, been largely extended. It is astounding to reflect on the wonderful discoveries which have burst upon us within the present century. Physical science in no like space of time has been so much illustrated; and it has always happened, that the medical sciences have advanced along with it, but not always *passibis æquis*. That their progress should not be to the same degree is not to be wondered at; for even were we to admit, with many recent speculatists, that inorganic and organized bodies differ rather in degree than in kind, the number of efficient causes in constant operation in the latter is such as to prevent us by any mode of calculation from attaining the same certainty in our deductions, and in our estimation of the future, that we arrive at with so much surety in regard to physical phenomena. Even in certain matters that are purely physical we notice this difficulty. Undoubtedly we ought, provided we were possessed of the requisite data, to be able to prognosticate what would be the condition of the heavens as to sunshine or obscuration, at any hour to-morrow, with the same certainty as we can predict the hour at which the sun and moon will rise or set, or an eclipse obscure the face of those luminaries. Thus far, however, the data have not been attainable, and we have, at the present day, as much uncertainty in our atmospheric prognostics as in those that apply to organized bodies—animal or vegetable.

On former occasions we have noticed the enthusiasm that prevailed on the promulgation of the cell-doctrine of the formation of the tissues;—how it was believed by visionaries, that we might now obtain a knowledge of life itself; nay, that we had already arrived at such knowledge. More wise reasoners saw at once, that the "doctrine" carried us but little, or not at all, in advance of our predecessors; and when it was announced as a

physiological fact, that all tissues are built up from cells, it still remained to be shown, why those cells arranged themselves according to a definite plan, so that if we were acquainted with the origin of the parent cell, we could foretell as certainly the tissue that would be formed by it, as by knowing the animal from which an ovum had proceeded, we could say what would be the shape, size and other characters of the new being into which it would be developed. The nature of the impulse seated in the primary cell, which gives occasion to such development, has in no wise been elucidated by the discoveries of the histologist and chemist; nor have we any confidence in our ever being able to penetrate the mystery much farther.

It is not strange, however, that this apparently close approximation to the origin—if it may be so termed—of life, as exhibited in the nucleated cell, should have induced the reflecting physiologist to turn his attention more closely to what may be termed the metaphysics of biology, as exhibited in the manifestations of what Von Reichenbach terms the *biod*—the living principle or force, in other words; and to inquire into the relations between it and the physical forces. This has been ably done by the author of the work before us. As an observer every way worthy of credit; as a reasoner of high character on the results of observation, he is worthy of all commendation. Devoted to biological and physical investigations, his best energies have been directed to them; and the result has been a series of works, which have been most favorably received by the profession.

"The Principles of Physiology, general and comparative," now appears in its third edition. The first edition was issued about twelve years ago, and was the precursor of two works, more extensively known in this country, owing to their having been re-printed here,—the "Principles of Human Physiology," and the "Manual of Human Physiology;" and of a third, the "Animal Physiology," which has not been re-printed. In the volume before us he has entered into the doctrine of the mutual connection of the vital forces, and their relation to the physical; a doctrine which—he properly remarks—is more fully developed in a paper, by him, on the "Mutual Relations of the Vital and Physical Forces," in the Philosophical Transactions for 1850.

The first section of the third chapter, of the work before us,

is 'Of life, or vital activity.' In it the author properly remarks, that "the laws of vital phenomena are as open to investigation as those which comprehend the phenomena of gravity, electricity, or chemical affinity;" yet he transcends our expectations when he adds, "although the intricacy of the combinations, under which these phenomena are usually presented to our observation, renders their laws more difficult of attainment; the success which has attended the philosophical method of inquiry, of late pursued by scientific physiologists, is a most satisfactory proof that they are not beyond the reach of persevering and well-directed research." Although familiar, we believe, with every thing that has been done, of late, by the "scientific physiologist," we confess we have not been led to the same same sanguine inferences as Dr. Carpenter. His views will be best shown by the following extracts:

"Another argument for the mutual relation here contended for, is furnished by the analogy of the Forces operating in the Inorganic world. Reasons have been lately given* for the belief, that Physical Forces of every kind,—namely, Heat, Light, Electricity, Magnetism, Chemical Affinity, and that which produces or resists Motion,—are all 'correlative,' or have a relation of mutual dependence; each being capable of producing any one of the rest, either directly or through the medium of some other; and each being consequeutly producible by any of the remainder. And we may observe that this conversion of one force into another is due to its passage through some material body. Thus the Motion of a body, retarded or resisted by friction, gives rise to Heat; and conversely, heat applied to any form of matter produces its expansion, *i. e.* Motion. The friction of two dissimilar bodies produces not merely heat but Electricity; and Heat itself, when made to act on certain combinations of metals, also produces Electricity; whilst, on the other hand, the Electric current may produce Heat, Light, Magnetism, or Motion, according to the nature of the substances through which it is transmitted. Light, Heat, and Electricity, again, are closely related to Chemical Affinity, which is often specially excited by them (§ 68), and which can, in its turn, generate these Forces; a material *substratum* being required in both cases. So in the beautiful experiments by which Faraday has brought Magnetism to act upon Light, the effect is only produced when the ray is being transmitted through certain material substances.

"Now, the relation which exists among the several endowments peculiar to Organized Structures, and therefore distinguished as *Vital*, appears to be most appropriately expressed in the very same form;—they may be said to be mutually *correlated*, in such a manner that each

* See Prof. Grove on the "Correlation of Physical Forces," 1846.

can either directly or immediately produce the other. The most universal and characteristic of these forces has been shown to be that from which 'Cell-formation' proceeds; and out of this arise all the other agencies. Thus, the tissue of the Muscle is constructed solely with a view to its manifestation of contractile power; and the development of Nervous matter has reference entirely to the peculiar agencies in which it is to be concerned. The contraction of a Muscle, and the production and transmission of a Nervous impression, are phenomena of a distinctly vital character; and it will hereafter appear that, with the manifestation of the peculiar attributes of these tissues, they cease to maintain their existence as living structures,—as if the general Vital force which they previously possessed, had been expended by its conversion into the Muscular and Nervous powers. Here, too, we see that a certain material *substratum* is requisite for the conversion of one force into another; the vital force only being able to produce contractile action, by means of a certain variety of organized structure, which we term Muscle; whilst it can only develope itself as nervous agency, through that peculiar form of tissue which is called Nerve. Again, we find that the nervous force can evoke the muscular, and this in a degree proportional to the intensity of its own excitement; and nervous agency would seem capable of influencing cell-formation, in such a manner as to justify the idea that it is actually re-converted into the form of vital force concerned in it.

"If this view be considered to have a certain claim to reception as (to say the least) a probable hypothesis of the mutual relation of the various forms of Vital activity, we have next to consider whether any similar 'correlation' can be traced between the Vital and the Physical forces; since, if such can be shown to exist, the probability of the hypothesis will be greatly increased. Now, it will be shown (Sect. 3) that all Vital activity is dependent upon the constant agency of one, at least, of the Physical Forces already enumerated—viz. Heat; and that Light and Electricity, operating through Chemical Affinity, are also concerned in sustaining particular forms of it. These agents, indeed, which have long been known under the tern 'Vital Stimuli,' may perhaps be more justly considered as the real Forces concerned in the production of Vital phenomena, modified in their operation by the organized structure through which they are exerted; just as Heat becomes Electricity when it passes through a certain combination of metals. And this idea is borne out by the fact that the Vital Forces appear capable of being in their turn reconverted into the Physical; as in those numerous cases already referred to (§ 50), in which the whole energy of one set of cells is directed to the performance of some *chemical* transformation, and that of another to the production of *mechanical* movement; as well as to other instances, in which it seems nearly certain that the liberation of Electricity, and perhaps also of Heat and Light, are due to Nervous power operating through a particular structure (chap. xvii.). Indeed, when we come to consider the manifestations of Nervous agency in more detail, we shall find that it is at least as closely correlated to Elec-

tricity, as Electricity is to Light or Heat (§ 246); and the intimacy of this relationship, existing between one of the most special or peculiar of all the Vital forces and one of an exclusively Physical nature, strongly confirms the idea just expressed in regard to the mutual connection of the remainder."

All these views are ingeniously conceived, and ably expounded; yet, do they advance, in any degree, our knowledge of the intricate agency concerned in the production of the vital manifestations? The mystery of the development of the oak from the seed; and of the animal of definite size, shape, and organization from the primordial cell, remains as enigmatical as ever; and when we speak of an impulse or T r i e b seated in the ultimate nucleus of a cell, which gives occasion to cell-formation, we but employ an expression to veil our ignorance.

It is impracticable for us to give an analysis of the varied contents of this most useful volume. Its production has been a labor of love with the author; and has subjected him to much thought, and to no little toil, without the expectation of pecuniary profit. It is to be hoped, however, that so much ability, zeal and industry may meet with their reward, and that future editions may remunerate him for productive exertions, so beneficial in their results to others. It is easy for the superficial and the malevolent to carp at these who are more distinguished than they; and to animadvert on works which, like the present, profess to give a comprehensive view of the existing condition of a confessedly difficult department of science, on which numerous observers have already communicated to the world the results of their observation and reflection. Coincidence of sentiment must often be apparent; and any treatise on such a subject would be most imperfect, which should be restricted to the promulgation of the sentiments of the author, however eminent and capable he might be.

"In the selection of his materials," says Dr. Carpenter, "the Author has endeavored to avail himself of the best and most recent information he could procure upon each department of the subject; it is scarcely to be expected, however, that he should be equally well-informed upon every point; and those who have followed particular departments into detail, will doubtless find scope for criticism in what they may regard as deficiencies, or even as errors. Here, again, the Author must beg that his work may be estimated by its *general* merits; and rather by what it *does*, than by what it *does not* contain. It would have been far

easier to expand it by mere compilation to twice its present dimensions, than it has been found to press the collected materials within the space they even now occupy.

"It has been the Author's endeavor, wherever practicable, to draw the materials, both for his text and its illustrations, *direct* from original Treatises and Monographs; and thus to avoid the errors which too frequently arise from second-hand transmission. To have attempted, however, to assign each individual fact to its original discoverer, each doctrine to its first enunciator, would have at least doubled the bulk of a volume which has already far outgrown the dimensions originally intended; and while most desirous to avoid taking credit for what is not his own, the Author has felt himself compelled to limit his references, for the most part, to those *new* facts and doctrines, which cannot be yet said to have become part of the common stock of Physiological Science. The Illustrations not his own are referred to their originals, in the list at the commencement of the volume; and this list, together with the occasional foot-notes, will serve to indicate the principal sources on which the Author has relied for his information, as to those points into which he has not personally examined. From the mode in which these materials are combined and arranged, he believes that he has frequently been able to develope relations between facts and phenomena, which, in the isolated form in which they were originally stated, had only that value which all statements of truth possess; and that he has thus been able to impart to them a new and unexpected significance.

The Author thinks it but due to himself to state, that as the almost constant occupation of his time in other indispensable avocations, leaves him much less opportunity than he would desire for the prosecution of those original researches in which he feels the greatest satisfaction, so he trusts that the same plea may in some degree avail him, in regard to any deficiencies which may be found in the present work. The whole of his disposable time has been devoted to it for nearly two years, not merely without the anticipation of the slightest pecuniary reward, but under the certain loss involved in the relinquishment of other literary engagements of a remunerative character; and the sale of the entire edition will not do more than remunerate his liberal Publisher, for the very large outlay which has been incurred in the production of the work, and more especially for the beautiful series of illustrations with which it is embellished, most of them having been executed expressly for it by Mr. Bagg."

We may remark, in conclusion, that the work is beautifully gotten up in the English fashion, and that the illustrations are in the first style of art.

Spectacles; their uses and abuses in long and short-sightedness, and the pathological conditions resulting from their irrational employment. By J. SICHEL, M. D., of the Faculties of Paris and Berlin. Translated by H. W. WILLIAMS, M. D. Boston, Phillips, Samson and Co., 1850.

Mr. Sichel's work is now before the public, medical and non-medical, of the United States. We say non-medical, because we think that the work in question was intended by the author for the use of the people at large—to warn them of the extreme folly and danger of straining and destroying so all-important an organ as the eye, by delaying the use of appropriate glasses when required, or of commencing their use with those which magnify—a certain proof that they are too strong.

Now many of our non-professional acquaintances fancy they can cure consumptions, catarrhs, liver complaints, indigestions &c., &c., much more rapidly and effectually than men who have devoted their lives to such studies, but they generally admit themselves to be lamentably ignorant on the subject of their own optical apparatus; or of the meaning of the terms, Myopia, Presbyopia, Amblyopia, Kopiopia, and the like; nor can we blame them; for though such eccentricities are useful in their way, yet we think that a man enjoying any other mode of earning his bread, would be badly employed in studying them. Nor can we refrain from the expression of the opinion, that if M. Sichel did mean his book to be useful and popular with the masses, which we cannot doubt, he would better have served his purpose by simplifying his terms, so that all could have read and understood without difficulty a work in other respects perfectly free from anything bordering upon the affectation of learning,—a work full of sound philosophy, simply and clearly expressed, and full of information which every man ought to possess; for we truly believe with M. S. that even a small amount of information on the subject, by the poorer classes of society, such as mechanics, seamstresses, &c., would be the means of preventing a vast amount of uneasiness and suffering.

The work in question commences with some general remarks upon the different compass of vision in different subjects—an ex-

planation, with the derivations of, the words Myopia and Presbyopia, a statement which every body knows to be true, that the point of normal vision cannot be established with precision, because it varies infinitely in different individuals, and not only in different, but in the same individual under different circumstances, all of which is, we believe, fully admitted.

The following quotation from the author upon the subject of far and near-sightedness, is a good specimen of the manner in which he treats his subject.

"The sight of man, in a natural state, has generally a somewhat extended range; we might even say that the greater number are born with long sight, and that in his primitive condition, man is presbyopic. All travellers cite more or less astonishing instances of the extent of the power of this faculty in most savage tribes; some even deny their capability of discerning small objects placed near."

We perfectly agree with the author in considering this an absurd exaggeration; for though a savage may be chiefly employed in hunting, and his eye from habit acquire a vast power of traversing distances, yet every body in this country is perfectly aware of the equally extraordinary power of minute observation displayed by the American Indian in the pursuit of his game, or in following up the trail of an enemy. M. Sichel proceeds as follows:

"Among civilized nations primitive long-sightedness is also the general rule; and when particular tastes as, that for hunting, for travelling, especially by sea voyages solicit the frequent employment of this sense, it soon acquires a very great power. Among those who reside in the country, and devote themselves to agricultural pursuits, short sightedness is rare.

"When on the other hand, by inclination or necessity, the sight is assiduously, and from early life, exercised upon small and near objects as is almost always the case in our state of civilization, the sight forced to accommodate itself to these distances, becomes very early shortened. Even before the infant can walk, objects are given him for playthings, which he is obliged to bring near his eyes in order to see all their details. A few years later he is placed at school: there sometimes to distinguish the too small print of a book, sometimes to write in a fine character; he is forced to incline forwards towards his paper or his books. Born among the working classes, the child is none the more favored on that account in the education of this sense. As soon as may be he is placed in apprenticeship, and not only is often constrained to exercise his sight upon minute details of form, but the fatigue of his arms forces him to bring the objects yet nearer to his eyes. Habituated

conttnually to adjust his sight to these limited distances, he finally ends necessarily by closing the faculties of accommodation to distant objects, and becomes myopic."

All this is very true, but unless we can change the whole social system, boys must continne to learn to read and write, and eyes to be sacrificed on the shrine of necessity. Indeed, were it otherwise, M. Sichel's hobby, the spectacle, could never have have had an existence.

Upon the causes of Myopia and Presbyopia the author writes as follows:

"The immediate cause of presbytia, is, a too feeble refractive power of the transparent media of the globe of the eye, or a too short antero-posterior diameter of the organ. In these two cases rays coming from a not distant point, and being in consequence too divergent, unite too late, and form their image behind the retina. In order to concentrate them in a normal focus upon the membrane charged with the transmission of the impression to the brain, collective, that is to say convex glasses, of exactly sufficient power to supply the deficiency of refractive power in the eye become necessary. The remote causes of the insufficiency of this power are somewhat numerous; either a too slight curve of the parts constituting the dioptric apparatus, or the too small quantity of the vitreous or aqueous humors, as well as their thinner consistence; or again, an excessive muscular action are capable of destroying the normal convergence of the rays."

"The contrary is true in myopia; the refractive power of the eye is too great, or its antero-posterior axis too long; as a consequence, the rays coming from distant points, which are very slightly divergent and almost parallel, will be brought to a focus in front of the retina, and in order to paint their image upon this membrane, they require the aid of concave glasses, of which the dispersive power should be equal to the excess of refraction."

Every optician in the United States, we presume, is aware of all this, nor does M. S. give it as a novelty. We have merely quoted it as an illustration of the extremely clear and intelligible manner in which he treats the scientific parts of his subject.

The author does not encourage the very commonly existing opinion, that it is possible to tell from the exterior formation of the eye, namely, its rotundity, or flatness, whether a man is far-sighted or near-sighted; on the contrary, he maintains, that it is only by exception, that the exterior conformation of the eye—by an excess or a want of convexity of the cornea and of the globe in general—permits us to form an opinion as to its being

myopic or presbyopic. In most cases he says it furnishes no indication in this respect; the internal parts by their disposition and structure alone, determining the compass of sight.

A chapter is devoted to a description of the shape and manufacture of the glasses, appropriate for the use of presbyopes and myopes; another on the size and general formation of the spectacle. The remarks are judicious, and coming from so distinguished a source, are calculated to be of great utility; but as they are subjects which our best opticians are continually studying, we will spare our readers any unnecessary repetition, and husband our own space, which is but limited, for the purpose of making one or two quotations from the more interesting part of the book, viz: the author's general treatment of patients, his special advice with regard to the use of spectacles, and the general results of said advice.

"Every optician knows, that presbytics are constantly obliged by the necessities of our social system to use their eyes at much nearer distances than the natural focus of their vision will, without injurious consequences, admit of. It is true, that if the organ be naturally strong, these injurious consequences will be slow to manifest themselves; but if there be a tendency to congestion or scrofulous conjunctivitis, any over exertion of the eye, particularly at a focus unnatural to its physiological constitution, will make itself felt with fearful rapidity."

The author's advice as to the means to be employed for the avoidance of the consequences that may follow this neglect of the physiological laws of the sense of vision is so judicious, simple and practical, that we will give it as far as our space permits, and as connectedly as possible, in his own words.

"Whilst reading, writing, or engaged in other occupations requiring minute attention, the objects should be removed to the longest possible distance at which their distinctness shall be unimpaired. This distance may easily be determined by moving the object backwards and forwards, and should always be maintained during assiduous employment. During other less pressing occupations they should, on the contrary, exercise their sight at less distances, in order to preserve the faculty of accommodation, and to accustom themselves to see objects within their normal focus. But at all times they should be careful to interrupt themselves frequently, in order to change their sight to the most distant objects they can perceive. Every presbytic would do well, after five or ten minute's work upon minute, near objects, to raise the eyes and turn them for an instant to the most distant parts of the room, or even, if he be near a window which is not entered by full sunlight, to look out from his

apartments and endeavor to distinguish the details of distant objects.—This exercise, by alternately lengthening and abridging the range of vision, preserves the faculty of accommodation and the normal focus, at the same time that it prevents the enfeebling of vision."

An interruption of a few instants is sufficient to ensure all the salutary effect of this exercise. From personal experience (being ourselves slightly presbytic) we can vouch for the usefulness of the author's advice; some will say that such interruptions are troublesome and frequently impossible, but the cessation from occupation for half a minute or even a shorter time, is sufficient; and the habit once fixed, the interruption is no longer even perceived. The more closely these rules are observed, the better will the eyes resist the effects of time and use, and the later will the necessity for the use of spectacles be felt. The following passage we recommend to the particular attention of parents, and those who have the charge of the education of youth, as we have seen its inculcations constantly neglected, especially in our public schools.

"There are also certain acquirements necessitated by civilization, such as, writing, drawing, reading, without an exercise of the sight in a nearer focus than that normal to the presbytic. It will be fortunate if the bad methods of education of the child do not supervene to cause him to reduce this distance yet further. Visit a school of children who are beginning to write, and a large proportion of them will be found with the nose nearly upon their paper. In all these cases the precautions referred to are of the first necessity. It is very important to insist that children keep objects at the greatest possible distance; that they sit erect; and that they should be taught to read and write in very large characters, at least during the first years."

Long observation and repeated experiment, have convinced the author that amblyopia and presbyopia are intimately connected; in this opinion he differs essentially from MM. Bonnet and Petrequin, who remark, that they have never encountered amblyopia except in the myopic. While Mr. McKenzie accords to the two ranges of vision in this affection nearly an equal frequency.

M. Sichel accounts for the differences of opinion on this point, in the following manner.

"I have been able to determine that the observations recorded, as having been made upon my eyes, were to be ascribed either to acquired myopia, that is to say, presbytia changed into myopia, or to congenital

amblyopia with presbytia simulating myopia, or finally, to myopia augmented by the use of too strong or prematurely employed concave glasses. It is only in this last case that I have seen ocular lassitude, amblyopia, and even amaurosis, united with myopia."

The treatment given by M. Sichel for uncomplicated presbytic amblyopia, is extremely simple, viz., rest, the exercise of the sight upon distant objects, in order to re-establish the normal focus.

Absolute repose in more advanced stages of the malady. If the patient continue his labors, he must be directed to keep his work at as great a distance from him as he possibly can; and when the affection is more advanced, use convex glasses selected according to the general rules. In addition to this, he must use lotions of cold water, adding a small quantity of brandy, to render it more stimulating. "The minor degrees of this affection will promptly yield to these means." When it is more advanced, stronger stimulation will be necessary—vesication, strychnia, &c. In severe cases, of course the result will greatly depend upon the habits and circumstances of the patient.

That original long-sightedness should produce short-sightedness seems somewhat paradoxical, but so it is, and thus it is. The presbytic is constantly constraining his eyes to act at a focus unnatural to the organ. This constant violation of physiological laws sooner or later ends in the destruction of the faculty of accommodating his sight to distant objects, and in shortening his natural focus, even to the degree of causing him to contract a secondary myopia. Now, as M. Sichel states, if the patient should under these circumstances, be induced to wear concave glasses, he will be sure to aggravate his condition.

Our author in speaking of this affection, says, that "at the commencement the myopia is rather apparent than real; it is long-sightedness which has been forced to accommodate itself little by little to too short distances. The sight of the patient shortens slowly and insensibly; he feels, or those about him perceive, that he becomes myopic, that he is forced to bring objects nearer and nearer during his work.

"We have already said that a considerable number, and perhaps the great majority of short-sighted persons have become so in this manner. In children especially, this acquired myopia supervenes very frequently,

and in most cases slowly, in consequence of the bad habit which they so easily form of leaning forward over their work."

We agree fully with M. Sichel that in this manner myopia is frequently produced, but differ from his position, that these children must have originally been presbyopic. On the contrary, we are convinced that close observation will satisfy the enquirer, that in the majority of such cases, the children were not originally far-sighted, but that their eyes were feeble, either congenitally or as a consequence of some of the diseases incidental to childhood, such as measles, scarlatina, &c. &c., which will often leave behind them some local debility, which common observers will hardly perceive, but which months, nay, even years of care, will sometimes fail to remove. This debility, of course, will induce the child to bring his eyes closer and gradually closer to his work, until, as the author observes, an inveterate myopia is produced.

We give in the following quotation the author's views regarding the treatment of acquired myopia:

"When the malady is neither very ancient nor far advanced, it is sufficient to arrest its progress, or even to create a retrograde impulse, to cause objects to be removed little by little, to greater distances, according to the rules established for the treatment of myopia in general. Work should be very frequently interrupted, and the intervals should be devoted to observations of distant objects, and to bathing the eyes with cold water. This very simple treatment, if early and perseveringly employed, especially if the subject is still young, is sufficient to obtain a complete and radical cure, and to restore the primitive focus of vision."

"Spirituous liniments, excitants, fugitive blisters, &c., are useless so long as the affliction is uncomplicated with enfeebling of vision. The use of concave spectacles should be most rigorously interdicted, they definitively fix the myopia and render it incurable."

The second part of the volume is devoted almost entirely to the consideration of myopia and its complications. This affection, as the author states, may, like presbytia, give rise to amblyopia and amaurosis, and the abuse of concave glasses will lead to unpleasant consequences, even more rapidly than will the improper use of convex ones in presbytia.

This affection is often accompanied by cerebro-ocular irritation, in which case M. Sichel recommends an antiphlogistic derivation—such as leeches to the anus, small bleedings from the foot,

with purgatives and dry-cupping upon the lower extremities and lumbar region; sometimes the local and general use of mercurials with that of preparations of belladonna.

"Too early recourse to exciting liniments and blisters in the neighborhood of the affected organ should particularly be avoided; it is better, towards the decline of the irritation, to place a large blister between the shoulders, and afterwards transfer it to the back of the neck."

The author recommends the same general hygienic treatment for myopia as for presbytic amblyopia.

We feel that we have already overstepped our limits, therefore must content ourselves with one more quotation.

"It is not to be forgotten that spectacles generally diminish and end by annihilating the power of accommodation; they fix the range of vision at a certain distance from which it cannot vary. It thus results that concave glasses first confirm myopia and then increase it, and increase it the more in proportion as they are stronger."

The symptoms and treatment of several cases are given in the course of the work, which, as they serve to illustrate the author's views, are worthy of attentive perusal. The book is a highly useful one, and may be read with interest by men of all professions. Its great fault, we think, is a too frequent repetition, which, though we can perceive it to be to a certain extent unavoidable with such a subject, makes it somewhat monotonous. The meaning of the author is thoroughly given by the translator, but the book abounds with Gallicisms which might have been avoided with advantage, for though we admire the French language exceedingly, we do not like French English.

The paper and printing are unexceptionable. In this respect, the Boston publisher seems to have entered fully into M. Sichel's feeling on the subject, and humanely considered the eye-sight of the reading community. For ourselves we especially tender him our sincere thanks.

Surgical Anatomy. By JOSEPH MACLISE, Surgeon. *With colored plates.* Part IV. Philadelphia, Blanchard & Lea, 1851.

We have already, in notices of previous numbers, so freely and decidedly expressed our favorable opinion of this admirable reprint, that it seems almost "like a thrice told tale," to reiterate it on the appearance of each successive fasciculus.

The unanimous approval of the whole medical press, and the sanction of the teachers of this department in the various schools, have already stamped it as a work of rare merit, and we are happy to see that the present number does not in the least detract from its enviable reputation.

The contents of Part IV. present the dissections and surgical relations of parts of deep interest to the lithotomist; a brief enumeration of them is all that the limited space allotted to such notices will admit of.

Plate 47 exhibits the surgical dissection of the principal blood-vessels and nerves of the iliac and femoral regions. Plates 48 and 49, the relative anatomy of the male pelvic organs. Plates 50 and 51, the surgical dissection of the superficial structures of the male perineum. Plates 52 and 53, the surgical dissection of the deep structures of the male perineum, together with the lateral operation of lithotomy. Plates 54, 55, 56, the surgical dissection of the male bladder and urethra, with a comparison of the lateral and bi-lateral operations of lithotomy. Plates 57 and 58, congenital and pathological deformities of the prepuce and urethra—stricture and mechanical obstructions of the urethra. Plates 59 and 60, the various forms and positions of stricture and other obstructions of the urethra—false passages—enlargement and deformities of the prostate. Plates 61 and 62, deformities of the prostate—deformities and obstructions of the prostatic urethra.

From this brief enumeration of the contents, our readers can judge of the extent of this number. Of its excellent artistical merits, they can only satisfy themselves by personal inspection, from which they cannot fail to rise with the conviction, that both in the plates, and in the judicious and perspicuous commentaries, the surgeon has here offered him a complete and reliable

guide. The work will be completed in one more number, which will be published at the price of one dollar.

Urinary Deposits, their diagnosis, pathology, and therapeutical indications. By GOLDING BIRD, M. D., F. R. S., F. L. S. Assistant Physician and Lecturer on Materia Medica and Therapeutics, at Guy's Hospital, &c. &c. *Second American, from the third and enlarged London edition.* Philadelphia, Blanchard & Lea, 1851.

The new edition of Dr. Bird's work, though not increased in size, has been greatly modified, and much of it re-written, and now presents in a compendious form, the gist of all that is known and reliable in this department. From its terse style and convenient size, it is particularly applicable to the student, to whom we cordially commend it.

THE MEDICAL EXAMINER.

PHILADELPHIA, AUGUST, 1851.

NOTICE TO CORRESPONDENTS.

The attention of our correspondents is respectfully directed to the fact, that the *business* department of this journal is entirely distinct from the *editorial*. Much time and disappointment will be saved, therefore, if *all* letters connected with the former are directed to the Publishers, Messrs. Lindsay & Blakiston, who have the entire management of the subscription list, mailing of the numbers, and all else connected with the distribution.

Communications, and books for review, should be addressed to the Editors.

SYDENHAM SOCIETY OF LONDON.

We are requested to state, that as it is no longer possible to obtain the entire series of the Society's publications, in consequence of no

complete sets remaining, of the works issued for the 1st, 2d, and 3d years, and as the applications are frequent from persons who, having certain of the Society's works, are anxious to obtain the others with which they were originally issued, the Council of the Society have thought it expedient to re-arrange those works which can still be obtained, so that *new members*, by subscribing for any past year, may obtain a set of books that shall be complete without those of any other year; whilst any one who wishes it may still obtain them in the order in which they were issued.

LIST OF THE SOCIETY'S WORKS, IN THE ORDER IN WHICH THEY WERE ISSUED.

For the First Year, 1843–4.

"Hecker's Epidemics of the Middle Ages," one vol. 8vo., pp. xx. 380.
"Louis on Phthisis," one vol. 8vo., pp. xxxv., 571.
"Th. Sydenham Opera Omnia," one vol. 8vo., pp. xxx., 668.

For the Second Year, 1844–5.

"The Seven Books of Paulus Ægineta," vol. 1, pp. xxviii., 683.
"Observations on Aneurism," one vol. 8vo., pp. xii., 524.
"Simon's Animal Chemistry," vol. 1, 8vo., pp. xx., 360, plate.

For the Third Year, 1845–6.

"Simon's Animal Chemistry," vol. II., 8vo., pp. xii., 560, 2 plates.
"Paulus Ægineta," vol. II., 8vo., pp. xi., 511.
"Hasse's Pathology," 8vo., pp. xvi., 400.

For the Fourth Year, 1846–7.

"The Works of W. Hewson," in one vol., 8vo., pp. lvi, 360, portrait and 8 plates.
"Dupuytren's Lectures on Diseases and Injuries of Bones," one vol. 8vo., pp. xvi., 459.
"The Works of W. Harvey, M. D.," complete in one vol. 8vo., pp. xcvi., 624.

For the Fifth Year, 1847–8.

"Paulus Ægineta," vol. III., pp. viii., 653.
"Feuchtersleben's Medical Psychology," pp. xx., 392.
"Microscopical Researches of Schwann and Schleiden," pp. xx., 268, 6 plates.
"Memoirs of the French Academy of Surgery," pp. x., 293.

For the Sixth Year, 1848–9.

"Rhazes on the Small Pox and Measles," 8vo., pp. viii., 212.
"The Genuine Works of Hippocrates, translated from the Greek," vol. I., 8vo. pp. x., 466.
"The Works of Sydenham, translated from the Latin," vol. I., 8vo., pp. cvi., 276.

"Rokitansky's Pathological Anatomy," vol. II. (the first issued), 8vo., pp. 375.

For the Seventh Year, 1849–50.

"The Genuine Works of Hippocrates," vol. II., pp. 406.
"Essays on Puerperal Fever, and other Diseases peculiar to Women," 8vo., pp. 552.
"The Works of Sydenham, translated from the Latin," vol. II., pp. 396.

For the Eighth Year, 1850–1.

"Rokitansky's Pathological Anatomy," vol. III., 8vo., pp. xvi., 467.
"Hunter on the Gravid Uterus," one vol. folio, 34 Plates, with descriptive letter-press.

List of the Works that may still be had, arranged in the order in which they may be obtained by New Members, on payment of five dollars for each year.

Third Year, 1845–6.

"Sydenhami Opera Omnia." One vol.
"Hasse's Pathological Anatomy."
"Rhazes on the Small-pox and Measles."

Fourth Year, 1846–7.

"The Works of Hewson.'
"Dupuytren's Lectures on Diseases and Injuries of Bones."
"Memoirs of the French Academy of Surgery."

Fifth Year, 1847–8.

"Feuchtersleben's Medical Psychology."
"Microscopical Researches of Schwann and Schleiden."
"The Works of W. Harvey, M. D."

Sixth Year, 1848–9.

"The Genuine Works of Hippocrates, translated from the Greek." In two vols.
"Essays on Puerperal Fever, and other Diseases peculiar to Women."

Seventh Year, 1849–50.

"The Works of Sydenham, translated from the Latin." In two vols.
"Rokitansky's Pathological Anatomy." Vol. II. (the first issued.)

Eighth Year, 1850–1.

"Rokitansky's Pathological Anatomy." Vol. III.
"Hunter on the Gravid Uterus." One vol., folio. 34 Plates, with descriptive letter-press.

We insert, with much pleasure, the following card from Dr. Gross, and trust that it may receive the prompt attention which its importance demands.

RESULTS OF SURGICAL OPERATIONS IN MALIGNANT DISEASES.

To the Medical Profession of the United States:

The undersigned having been appointed, at the last meeting of the American Medical Association, Chairman of the Committee on the "Results of Surgical Operations in Malignant Diseases," respectfully solicits contributions to the subject, founded upon personal observation. To place the subject in as tangible a form as possible, he begs leave to direct attention to the following points:

1. The difference between cancerous and cancroïd diseases, or those affections which are truly malignant, and those which are only partially so. In the former category are comprised scirrhus, encephaloïd, and melanosis; in the latter, certain maladies of the skin and mucous tissues, as lupus, cheloïd, eiloïd, and cancer of the lip.

2. The precise seat of the disease, as the skin and subcutaneous cellular tissue; the eye, ears, nose, face, lips, tongue, salivary glands, jaws, and gums; the lymphatic ganglions of the neck, axilla, groin, and other regions; the mammary gland, uterus, ovary, vulva and vagina, penis and testis; the anus and rectum; and, finally, the extremities.

3. The age, sex, temperament, residence, and occupation of the patient.

4. The cause of the disease, its progress, and the state of the part and of the system at the time of operation.

5. Mode of operation; whether by the knife, caustic or ligature.

6. Time of death, or relapse, after the operation.

7. Examination of the morbid product; how conducted—whether by the unassisted eye alone, or by means of the microscope, and chemical tests.

The undersigned hopes that the importance of the subject confided to him, as chairman of the committee above referred to, will be sufficiently appreciated by his professional brethren, to induce them to aid him in carrying out the wishes of the American Medical Association. The subject is one of absorbing interest, and cannot fail, if properly treated, to elicit matter of the greatest benefit. It is very necessary that all communications upon the subject should be sent to the chairman of the committee by the 1st of January, 1852.

Medical journals, and newspapers friendly to the interests of medical science, will confer a favor upon the undersigned by inserting the above notice.

S. D. Gross, M. D.

University of Louisville, June 29, 1851.

FOURTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

We copy from the Charleston Medical Journal and Review, for July, the following account of the opening of the meeting in Charleston in May last:

It was composed of delegates, many of high distinction, from twenty-one States of our Union, and a more respectable assemblage has seldom been convened on any former occasion. The President, Dr. R. D. Mussey, of Cincinnati, took the chair at 11 o'clock, and extended a cordial salutation to the members upon their re-union, and congratulations upon the many benefits resulting from these annual assemblages of the wisdom and experience from all parts of the Union.

Upon being seated, the Committee of Reception advanced, and, through their chairman, Dr. T. Y. Simons, addressed the President and members in the following terms:

"*Mr. President and Gentlemen:*—It is my pleasing and honorable duty, as Chairman of a Committee representing the South Carolina Medical Association, to express to you the high appreciation of your acceptance of the invitation of that body, and gratification in beholding so many of our medical brethren, of every section of the Union, assembled in Charleston, the ancient metropolis of South Carolina, and to tender to you, with the deepest emotions, our most heartfelt welcome.

"We will cheerfully unite with you in all efforts to elevate the moral and intellectual excellence of our profession, and promote the cause of science and humanity, but beyond this, we desire to extend to you, individually and collectively, all the social hospitalities of which we are susceptible.

"The assembly of so large a number of medical gentlemen from all parts of the Union, holding eminent positions in the profession, coming, in many instances, from a great distance, at considerable expense, inconvenience and personal sacrifice, for the promotion of medical improvement, and thus likewise subserving the cause of science and humanity, is, in my opinion, a sublime spectacle. We seek no honors nor trophies; we crave no ambition, pomp, nor self-aggrandisement; we desire only, and if we succeed the reward is ample, to do good to mankind. We unite with you as brothers, in these noble and benevolent efforts, and we invoke, on this solemn occasion, the blessings of the Great Supreme.

"Mr. President and gentlemen, I shall not detain you, except again to repeat, that with our warmest feelings we bid you a most hearty welcome."

To which Dr. Mussey replied substantially as follows:

"*Mr. Chairman and Gentlemen of the Committee:* It is with no ordinary feelings that I respond in behalf of the American Medical Association, and express our gratification at your warm and hospitable reception.

"Charleston has been long renowned for the hospitality of her citizens, and the enlightened character of her physicians, both as regards moral and intellectual endowments. High, however, as she stood, I was not aware until I arrived here, that the Medical Society of South Carolina was the first body that proposed that means should be adopted for the improvement of medical education. I now, Mr. Chairman, return you our thanks for your kind, and hospitable, and warm reception; and feel confident that we will harmoniously unite in the promotion of the grand objects of the Association."

The Committee on Nominations having reported, through their chairman, suitable candidates for the officers of the Association for the ensuing year, the same was confirmed, and Dr. James Moultrie, of South Carolina, was declared President of the Association.

The President elect then took the chair, and returned thanks for the honor thus conferred upon him, in the following terms:

"*Gentlemen of the Association:* I know not in what terms suitably to express my sincere acknowledgments for this unlooked for manifestation of appreciation and kindness.

"When I look around, and recognize the many superior intellects and higher professional acquirements by which I am surrounded, I feel that I am about to occupy a position which more rightfully belongs to another.

"But, if a life devoted to the interests of the profession, and the promotion of the objects for which this institution is founded, give me any claim to consideration, I have the assurance that the mantle of my illustrious predecessors may not be unworthily or ungracefully worn.

"In the language of the first of them, I have ever 'loved my profession;" nay more, I am proud of it. I have loved it for its sympathies and suavities; its benignities and charities; its activities and self-sacrifices; for the boundless scope of knowledge which is opened before it; its disinterested pursuit of the true, the beautiful, and the good; the exalted mission which has been appointed to it on earth; and the universal appreciation in which it is held, and confidence reposed in it, by mankind; and I am proud of it, not alone for what has thus been adverted to, but for its habitual singleness of purpose; its almost immu-

nity from prison discipline; the little notoriety it enjoys in the statistics of crime; and the little trouble it has given to the tribunals of justice, or of civil jurisprudence.

"Never, however, have I been so proud of it as when, four years ago, I enjoyed the gratification of meeting so large an assemblage, in the city of 'Brotherly Love,' characterized by so much intelligence, so much urbanity, so much dignity, and so much condescension; convened for the purpose of systematizing the principles of professional prosperity, and cultivating those habits of social harmony, the practice of which have immemorially obtained for it the definite epithet of 'the paternity:' or when, two years afterwards, at the modern abode of the 'Humanities,' its labors of usefulness and love were renewed, amidst the outpourings of hospitalities, which could only have issued from heads and hearts the most highly cultivated and refined.

"The accidents of life, and the visitations of Providence, which come unto all of us in turn, I have to regret, denied me the gratification of being also present, on the intermediate occasions, in the great valley of the Mississippi, and the commercial emporium of the Chesapeake.

"For the privilege, as well as the distinction, of presiding over a body constituted of such elements, I am profoundly grateful. I thank you, gentlemen, again and again; and when our present labors shall have closed, and we shall have once more reached our respective homes, I hope we shall be able to realize, in our experience, that 'it was good for us,' in like manner, 'to have been here.'"

The following is a correct list of the number of States represented, and the number of delegates from each:

1. Massachusetts,	10	delegates.	14. Louisiana,	2	delegates.
2. Rhode Island,	5	"	15. Tennessee,	3	"
3. Connecticut,	3	"	16. Kentucky,	4	"
4. New York,	17	"	17. Ohio,	5	"
5. New Jersey,	6	"	18. Indiana,	1	"
6. Pennsylvania,	35	"	19. Illinois,	1	"
7. Delaware,	2	"	20. Missouri,	3	"
8. Maryland,	5	"	21. Dist. of Columbia,	2	"
9. Virginia,	11	"			
10. North Carolina,	7	"	Total,	185	
11. South Carolina,	38	"	Permanent members,	10	
12. Georgia,	23	"			
13. Alabama,	1	"	Grand Total,	195	

RECORD OF MEDICAL SCIENCE.

SURGERY.

MEDICAL SOCIETY OF LONDON, APRIL 5TH, 1851.

New Operation on the Foot.—Mr. T. WAKLEY read a paper on a new operation lately put in practice by him. It consists in dissecting out the astragalus and os calcis, and leaving the other tarsal and metatarsal bones undisturbed, and is intended in certain cases as a substitute for Syme's or Chopart's operations.

The author remarked that excision of joints was first attempted by Mr. Parkes, of Liverpool, in the year 1782, who had one successful case of excision of the knee-joint in a seafaring man, who was able to follow his calling nearly as well after the operation as before. Another patient operated on by Mr. Parkes died. Excision of the elbow-joint was performed three times in France in the same year with complete success: one of those operated upon was afterwards enabled to thrash wheat. Mr. Wakley then made some remarks on the process of anchylosis sometimes performed by nature in cases of diseased joints, and considered this an argument for the operation of excision; still, he remarked that the constitutional effect of this operation was more severe than that produced by amputation, and therefore it could not be performed with safety when the powers of the system were at a very low ebb. He considered the operation justifiable if the constitution be good, if performed in time, and with the necessary surgical skill. When the arm was operated upon our object should be to preserve the mobility of the elbow-joint, but in the lower extremity, when more firmness was requisite, anchylosis was the best result that could be obtained. The ankle-joint is generally considered as best adapted to the operation of excision, but Mr. Wakley in some cases preferred it to Chopart's or Syme's operation.

The author then remarked on the necessity of preserving, if possible, the anterior tibial and other arteries supplying the foot, so as to keep up its nutrition, and also upon the delicate dissection necessary to effect this object. Mr. Wakley then gave a short account of the case in which he had first performed this operation. The patient, a young man, of dark complexion and scrofulous habit, and whose occupation required a good deal of walking, had an open abscess just under the ankle-joint for two years; he then had the misfortune to sprain his ankle, and was admitted into St. George's Hospital: he was afterwards sent to Margate Hospital, when a piece of carious bone came away. He then became much better, and was enabled to return again to his work, but only for a month, after which period he was admitted into Brighton Hospital, where amputation at the ankle-joint was proposed; but to this operation the patient refused to submit, and he left accordingly. He was then admitted into the Royal Free Hospital, London, under the care of Mr. T. Wakley. On his admission, Dec. 21, 1847,

the integument all around the heel and ankle-joint was much discolored and unhealthy in appearance, with three openings, two communicating with the astragalus, and one with the os calcis. On introducing a probe, rough bone could be detected; there was also a good deal of constitutional disturbance, and symptoms of hectic had appeared. Mr. T. Wakley, finding that the patient steadily opposed the removal of the foot, and having satisfied himself that the disease was confined to the os calcis and astragalus, proposed the removal of the two bones, to which the patient consented. The operation was performed on Dec. 27, 1847. The os calcis, astragalus, and the malleolar processes being removed, the posterior artery alone required tying; the wound healed kindly, and chiefly by the adhesive process: the man was then sent into the country, and soon regained his flesh, and is now in good health, with a tolerably useful limb, and without any appearance of the disease in any other part: both bones were so carious that they were mere shells.

Mr. Smith quite agreed that this had been a most successful operation, to which he had at first been opposed, as, although more than three years had elapsed, no reappearance of the disease had taken place.

Mr. B. Childs, who did not arrive until the paper was nearly concluded, did not consider Mr. T. Wakley's operation a new one; it was only a modification of a principle long recognized by surgeons, viz., that we should always in our operations spare as much as possible of the human frame: he considered the chief merit and difficulty of the case consisted in the diagnosis.

Mr. Clark remarked on the impropriety of a member making observations on a paper he had not heard, and also observed, that Mr. Wakley did not claim to himself the discovery of a new principle, but only an adaptation of the old-established one mentioned by Mr. B. Childs: he considered this operation might as fairly be called after the name of the inventor as those known by the names of Chopart's and Syme's operation were after their respective inventors.

Mr. E. Canton thought that in the paper sufficient attention had not been paid to diagnosis of whether these were the only bones diseased; thought Mr. Wakley fully entitled to give his name to the operation, though the point for inquiry was—Is this operation better than Syme's and why?

Mr. Gay said, that Mr. Wakley's patient could now go up a ladder, &c., and the tendo-achillis had so attached itself to the structure of the foot, that the gastrocnemius and solens had pretty complete control over its motions; thought that where the disease was limited and the constitution good, that this operation was sometimes preferable to Syme's; but as, in Mr. Wakley's operation, the convalescence was more tedious, and greater powers of reparation were necessary, thought Mr. Syme's best where there was much debility, although in the latter operation there was often a tendency to sloughing of the flap. Mr. Gay did not consider that a joint or bone in the neighborhood of another diseased bone was necessarily diseased also. He related a case in which, about three weeks ago, he had removed the os calcis, and found the surface

of the astragalus quite denuded of cartilage; he did not, however, interfere with it, and although the youth was at the time of the operation in a very bad state of health, he is now rapidly recovering, with every prospect of a permanent cure.

Mr. Wakley in reply said, that he was not desirous that the operation should be called after him; had brought the case forward for the general good, and not for his own personal aggrandizement; thought this operation was only to be performed when the os calcis and astragalus were alone diseased. He could not agree with Mr. Gay, but thought that all the parts implicated by the disease should be removed.

London Lancet.

Tannin in Ophthalmic Diseases.—M. Hairion of Louvain has a very high opinion of Tannin in eye-diseases. The following remarks by him are quoted from the *Journal de Médecine et de Chirurgie Pratiques* for October 1850.

Tannin has, probably, been only used in catarrhal ophthalmia, in the proportion of one part to 120 of water; but the want of efficacy of this solution has made it fall into almost complete disuse. For more than five months, I have employed tannin in the form of pommade, in thick mucilage, in fine powder, and especially in concentrated solution (one part to three of water). The affections in which it has proved most successful have been acute and chronic blennorrhœa, œdematous swelling of the conjunctivæ, vegetating granulations, vascular and ulcerative affections of the cornea, and especially pannus, which has been cured, in some cases, with astonishing rapidity.

Tannin has been justly styled the styptic *par excellence;* its local mechanico-chemical action renders it highly useful in ophthalmology, whether to retard muco-purulent effusion of the conjunctiva, to combat the relaxation of that membrane, to obtain the obliteration of cellulo-vascular productions, or to diminish dilated or newly-formed vessels; or, by producing coagulation of the plastic fluids, to accelerate the cicatrisation of ulcers of the cornea, strengthen its softened tissue, and prevent its projection or laceration.

This remedy is free from the objections which may be urged against other astringents. Its application is not painful, it produces no severe reaction, and leaves no caustic marks, nor indelible incrustations.

Tannin has been employed in the circumstances indicated above, frequently with signal success, sometimes without advantage, never with injury.—*Lon. Jour. of Med., March*, 1851.

Case of Obturator or Thyroidal Hernia successfully relieved by Operation. By Henry Obre, formerly Assistant-surgeon to the St. Marylebone Infirmary.—After commenting on the extreme rarity of this form of hernia, and stating that he had been unable to find any record of its having been detected and relieved by operation during life, the author relates a case in which he operated successfully. The patient, a female

aged fifty-five, the mother of a large family, was seized with symptoms which led her medical attendant (Mr. Gardener) to believe that she was suffering from rupture. She denied that this was the case, and a careful examination convinced Mr. Gardener that there was no hernia in the usual situations of that disorder. A little below the femoral region on the right side, however, he detected a degree of hardness resembling a small gland, and deeply seated; with some general fulness about the part. The author saw this patient on the fourth day after the symptoms had begun; at this time, she was suffering extreme abdominal pain in the umbilical region; during the previous twelve hours, her vomiting had been stercoraceous and incessant; the countenance pale and contracted; voice faltering; pulse, weak, small, and intermitting—in short, all the symptoms of pending dissolution from strangulated intestine were present. On careful examination, nothing could be detected but a slight degree of fulness in Scarpa's triangle on the right side; that on the opposite side being well marked; on using firm pressure with the ends of the fingers over the neighborhood of the femoral artery, and a little below the saphenous opening, a distinct hardness was to be felt, slight in extent, but giving the impression as if the sheath of the vessels was being pressed on. The state of the patient was such as to induce the author to propose to make an incision into the upper part of the thigh, down to the hard structure, in the hope that he might find confined intestine low in the femoral canal. He made a straight incision into Scarpa's triangle, as in the operation for tying the common femoral artery; beginning about three inches below Poupart's ligament. When the cribriform fascia was opened, and the saphenous opening exposed, no hernial sac was found, but the hardened structure could be felt lying deep to the inside of this opening. The dissection was with some difficulty continued downwards; the fascia lata was divided, and the pectinæus muscle exposed. The fibres of this muscle were divided transversely for about an inch and a half or two inches, and a hernial sac was exposed, which rose up into the wound to the size of a pigeon's egg. The finger being passed along the sac, entered the obturator opening. The sac was opened, and the intestine was found to be a portion of the small gut, blue and congested. The opening through which it passed did not tightly enclose its neck, but it was considered prudent slightly to divide the edge. In doing this the saphena vein was wounded, and it was necessary to apply a ligature to its upper part. This was the only ligature required. After the operation, no medicine was given; in the course of the day the bowels acted three times, and in the course of a few days the patient had quite recovered.—*London Lancet, July* 5, 1851.

Collodion in Skin Diseases.—Collodion seems to act admirably in those cases where a kind of artificial epidermis is required. Dr. Spengler, in the *Neue Med. u. Chir. Zeitschrift,* No. 28, 1850, gives various cases where the collodion either led to the cure or greatly relieved the symptoms. The author mentions that this substance was first used in

skin diseases by Mr. Wilson, in this country; and gives details of the success he (the author) met with in thus treating impetigo, lichen, herpes labialis, chronic eczema, and cracked nipples. Our readers are aware that collodion is largely used in the London Hospitals in erysipelas of the face.—*London Lancet, July* 5, 1851.

Aneurism on the Common Carotid Artery; Deligation of the Vessel; Death.—Our readers may remember that the carotid artery was tied some months ago, with perfect success, by Mr. Johnston, at St. George's Hospital. The delegation of the vessel was here undertaken for the sake of commanding hæmorrhage from the interior of the mouth, brought on by the thrust therein of the point of a parasol. The boy did extremely well, and presented none of the cerebral symptoms which are said sometimes to follow the interrupted supply of the blood to the brain.

We have now to put upon record an operation of the same kind, performed upon an adult, for the cure of an aneurism of the carotid artery. Though many methods have by turns been proposed to procure the obliteration of the sac,—as pressure, injection, and galvano-puncture, the results have been so unsatisfactory, that the only means likely to afford permanent relief is the deligation of the vessel on the cardiac side of the tumor. Such deligation seems, however, somewhat hazardous, when so important a trunk as the carotid artery is to be tied; but the cerebral disturbance which might naturally be looked forward to, is in fact very seldom noticed.

It is well known that we are indebted to chance for the discovery of the inocuity of this operation; a surgeon wounds the carotid whilst removing a scirrhous tumor from the side of the face, and to save his patient's life, he ties the vessel, and the case does well. Abernethy was the first, in this country, who attempted the operation; Fleming followed his example, and the deligation of the carotid artery soon became an established and acknowledged operation in surgery. The vessel has been several times tied for the cure of aneurism by anastomosis, or erectile tumors in the cheek or eye: Mr. Travers, Mr. Dalrymple, Mr. Wardrop, have successfully operated in this country in cases of this nature.

When the deligation is undertaken for the cure of aneurism, it is of course very advantageous that the tumor should be so situated as to allow of the ligature being applied in that portion of the course of the artery which offers the greatest facility for such operation—viz. in the upper triangle of the neck. But aneurisimal tumors are sometimes situated so low down, as to leave but very little room between their lower border and the clavicle; here the dissection will of course be longer, and the whole operation require much caution. Dr. Robertson, of Edinburgh, operated in a case of carotid aneurism where the sac was situated low down, and the tumor had burst into the œsophagus; he made his incision to the internal side of the sterno-mastoid muscle only

one inch in length, and succeeded in securing the vessel. Mr. Fergusson had to surmount a difficulty of the same kind, as the tumor came close to the clavicle; the artery was, however, laid bare and tied, after a careful dissection, which presented more than usual difficulty.

Mary S——, aged thirty-eight, and unmarried, was admitted into King's College Hospital, June 11, 1851, under the care of Mr. Fergusson, with a swelling on the left side of the neck, presenting several symptoms of carotid aneurism. The patient has generally enjoyed good health, but has led a dissipated life, and endured great privations. None of her family have suffered from diseased arteries or aneurism. About eighteen months ago she was under treatment at the Westminister Hospital for gangrene of the toes, induced by exposure to wet and cold during two days and nights. Six months since, the patient began to cough, and to experience difficulty of swallowing; about the same time she likewise noticed a small swelling in the course of the carotid artery on the left side, which, however, gave her no pain. The swelling gradually increased to its present size, and the function of respiration became more and more impeded.

On examination, a tumor, about the size of a small fist, tense, pulsating, and tender to pressure, was noticed on the left side of the neck, over the course of the carotid artery. It extended from the base of the jaw nearly to the upper border of the clavicle. No morbid sound of the heart could be detected, but a distinct bruit was heard in the tumor; the general arterial system seemed healthy. The breathing was very difficult. On the third day after admission, the patient became very low and weakly; the dyspnœa was great, as the tumor seemed somewhat against the trachea and larynx. The skin over the swelling was becoming very red and tense.

Mr. Fergusson examined the patient just before proceeding with several other operations; and finding her with so much difficulty of breathing, and the tumor threatening to burst, he determined to tie the carotid artery on the cardiac side of the tumor. The patient had become suddenly worse, and this circumstance necessitated prompt measures; but it had been Mr. Fergusson's intention to use appropriate internal remedies before undertaking the operation—a precaution which would certainly in many instances be extremely useful.

No delay could, however, intervene in this instance, for there was every probability of the tumor bursting outwardly, as it presented a highly inflamed spot, or the patient dying from suffocation. When she was brought into the theatre, the question arose whether, in her weak state, the patient should inhale chloroform. Mr. Fergusson thought that the anæsthetic agent should be administered, but with great caution.

When the patient was completely insensible, or nearly so, and the head slightly raised, Mr. Fergusson commenced with a longitudinal incision, about three inches long, to the inner side of the mastoid muscle, from the lower portion of the tumor down along the upper end of the

sternum. After the cellular tissue, fascia, and platysma had been divided, the sterno-mastoid came into view, and as here the vessel lay very deep, Mr. Fergusson cut this muscle across. The sterno-hyoid and thyroid were now carefully divided, as well as some loose cellular tissue, and the sheath of the vessels was perceived. This was cautiously opened upon the director, and the aneurism-needle passed round the carotid artery from without inwards, when the vessel was well secured by a strong thread. Temporary tightening caused the pulsations of the tumor to cease, and when this had been ascertained, the ligature was finally fixed, and the lips of the wound brought together by suture.

No cerebral symptom became manifest after the deligation of the artery, but the pulsations of the radials became much slower; the breathing, which had been very labored, regained some vigor, and the patient was removed in a comparatively satisfactory state.

Mr. Fergusson took occasion to remark, that he had not expected when the patient was admitted into the Hospital, to operate so soon, as he intended to afford her eight or ten days' rest and appropriate treatment; but the disease had progressed so rapidly, inflammation had set in so quickly, and the dyspnœa was so great, that if not interfered with, the tumor would have burst either internally or externally. On consultation with his colleagues he had expressed his conviction, and they had agreed, that the vessel should be tied forthwith, though the space between the clavicle and the lower portion of the tumor was very short. The aneurism was probably situated on the upper portion of the common carotid, or just at the bifurcation, but to know the exact position was not important as regarded treatment.

He (Mr. Fergusson) had made his incision very long, reaching even over the sternum, as the vessels lie so deep in this locality that plenty of room is very necessary, and on this ground he had divided the sterno-mastoid muscle without hesitation, the more so as this operation is one involving life, and that a muscle was of little importance in comparison. Mr. Fergusson had been somewhat apprehensive of the small veins in that region, in direct communication with the veins of the neck, but the hæmorrhage had altogether been trifling; the jugular vein was not seen at all. The best and only step had now been taken for the patient's safety; she might, however, now die from the bursting of the sac either externally or internally. A favorable circumstance in the operation was, that the patient had a very long neck, and was very thin.

At four o'clock in the afternoon the effects of chloroform had been recovered from, the breathing was more regular than previous to the operation, but there was an accumulation of mucus in the air passages which the patient could not force away. She was given squill and hyoscyamus in camphor mixture. At seven in the evening respiration was still less embarrassed, the pulse 90, the tumor slightly diminished in size, and very tense; but towards three o'clock in the morning the patient was seized with a short convulsive fit, and died soon afterwards, without any previous impairment of cerebral influence.

On a post-mortem examination the parietes of the heart were found

very thin and weak; the arterial system immediately above that organ did not exhibit any striking alteration, except the abdominal aorta, where abundant atheromatous deposit was found; the other organs of the chest were healthy. The ligature was firmly fixed, and situated about an inch and a half below the tumor; the latter was filled with coagulum and soft fibrinous masses, and was situated opposite the thyroid body, extending as high as the os hyoides. The aneurism was of the description in which all the coats of the vessels had originally been equally distended; the opening of the artery into the lower part of the sac was smooth and round, and continuous with the walls of the tumor; the upper aperture was about of the same kind, having a slight valve added to it, and the carotid artery, at its emergence, was only half the calibre of the portion which was seen entering the sac. The whole of the latter lay on the left lobe of the thyroid body, on the trachea and œsophagus, these organs being evidently compressed by the tumor.

The vagus nerve, imbedded in the walls of the sac, was seen entering and emerging from these walls, close to the artery; in gently pulling the nerve above and below, its outline could be seen tightening along the parietes of the sac. This peculiar disposition of the vagus may be looked upon as greatly conducive to the intense dyspnœa which the patient suffered for the last week of her life.

The diagnosis of this case did not offer difficulties of a serious nature, but it will be conceded that too much care cannot be bestowed upon the recognition of the actual nature of the disease; for it is principally in the neck that tumors and abscess may simulate aneurism. Enlarged glands are especially liable to create deception; but it is seldom that the thrill communicated to the hand, or the bruit conveyed to the ear, are so distinct as in true aneurism, as was observable in the foregoing case. The full dilatation of all the coats of the vessels took place in a comparatively short time, six months having only elapsed since the patient perceived the swelling; for such cases as the one related by Mr. Hodgson, where a femoral aneurism destroyed an old man in three weeks, are certainly very rare. It will be perceived that Mr. Fergusson's patient was a female; we need not point out how seldom aneurisms affect women, this fact lending, as we venture to think, much weight to the supposition that violent exertion has much influence on the formation of aneurismal tumors, where vessels are not in a sound state.—*London Lancet.*

OBSTETRICS.

On the Efficacy of the Tonic and Sedative Plan of Treatment in Cases of Fever and Disturbed Nervous Functions after Delivery. By T. W. Garlike, Esq.—In a former paper I endeavored to show that a great proportion of cases, vaguely designated "puerperal fever," are not to be regarded as of sthenic or inflammatory character, dependent upon increased vascular action; but, on the contrary, that they are simply

attributable to a morbid sensibility of the nervous system resulting from depression of nervous energy. I am now anxious to illustrate my views on this subject still further; and, as the case I am about to relate is highly corroborative of the views I have advocated, I shall give it in detail.

The case runs thus:—Mrs. ——, aged 43, middle-sized, and of robust appearance, requested my attendance, being in labour, (her first pregnancy,) on the evening of the 4th July last. Her pains were, to all appearance, of a useful "bearing down" character. On making an examination I found the os tincæ had dilated just sufficiently for me to ascertain that it was a vertex presentation. Having represented to Mrs. —— that my services were not required for the present, I left; at the same time I instructed her nurse to call me if any change manifested itself during the night. My patient resided within a short distance of my house. On the morning of the 3rd, Mrs. —— described the pains which had followed up through the previous night as having been of a severe kind, but not forcing. On making an examination I found that the labour had not made much progress; during the day she was tolerably free from pain, and took nourishment; but at night, her pains having returned with more severity, my services were again requested. I stayed through the night; there were occasional active pains, but not sufficiently forcing to be efficacious, At 5 a. m. of the 4th, gave a draught of sulphuric ether and camphor mixture, with 25 drops of laudanum. Visited my patient again at 10 a. m.; the draught had produced some sleep, from which she was refreshed; but, as the day advanced, she manifested symptoms of great prostration; the countenance was anxious and solicitous; skin hot; pulse frequent, small, and irregular; tongue dry, creamy and brown down the centre; tenderness over the hypogastric region, with inability to pass urine.

The symptoms were relieved considerably by the use of the catheter, which was resorted to frequently during the labour.

Ordered saline febrifuge every six hours.

In the evening she appeared much better in all essentials; the temperature of the skin was reduced, tongue moist, bowels acted upon twice, circulation more quiet, and the countenance and conduct more indicative of hopefulness. Although my patient had now been ill two days and nights, during which time she had borne a large proportion of good forcing pains, still, on making an examination, the labour had not advanced much, the os tincæ, though certainly more dilated and yielding, was, nevertheless, rigid, and the lips thick; the head had made some trifling descent, but had not passed the true pelvis, neither did the pains (which were severe) appear to exercise any bearing-down influence upon it. The great impediment appeared to be the rigid, unyielding condition of the osseous structure of the mother, and the highly organized condition, as well as great development of the fœtal cranial bones, which were firmer than I ever met with; there was also a want of room on the antero-posterior diameter of the pelvis.

In carrying out the examination, which was conducted with great care, a symptom presented itself which gave me some concern: I de-

tected crepitation over a limited portion of the mucous membrane in the perineal aspect of the vagina; when a pain was on, it was clearly made out, and it instantly conveyed to my mind the supposition that it might be, as in other tissues when subjected for a long time either to increased action of the capillaries or the opposite state of these vessels, congestion, the first symptom of sloughing taking place, or the formation of pus.

Looking upon my patient as being in a condition to require watching, I stayed the night, hoping some favorable change might show itself before morning. She stated that she had not felt the movements of the child for some hours.

Ordered a draught, with 30 drops of laudanum.

About midnight, Mrs. —— began to exhibit symptoms of restlessness and delirium, and the circulation began again to take on the characteristics of exhaustion by increasing rapidly its frequency. There now appeared from the vagina a copious discharge of dark, fetid, grumous water, which satisfied me of the death of the fœtus. Gave a draught of ammonia, ether, and morphia. She slept at intervals till the morning of the 5th, when her exhausted condition determined me to set about completing delivery without further delay; but prior to deciding upon this step, I consulted with my neighbor Mr. Ayres as to the best mode of accomplishing the object. At this time, Mrs. —— was exhibiting all the symptoms of exhaustion: the pulse at the wrist was 160; tongue parched and brown; skin hot, and of a brick-dust color; constant delirium of a low rambling kind, interrupted occasionally by lucid intervals, when she implored that decisive steps for the completion of the labour might be adopted. The os tincæ was thoroughly dilated, but the head had not made any considerable descent; the mischief which was being produced by this long-continued pressure on the soft parts was everywhere to be detected; the crepitation which I described as existing, on the 4th, in the vaginal mucous membranes, had now resulted in a fissure, an inch and a half long, through the mucous membrane, extending into the cellular tissue. The perinæum was intensely swollen and covered with vesicles, involving the whole margin of the anus; the bladder had been entirely dependent on the use of the catheter since its first introduction. Feeling satisfied that the fœtus was dead, and the case being one which called for immediate interference, craniotomy suggested itself to me as the only practice applicable; with such a rigid and inflamed condition of the soft parts, I feel certain that the forceps could not have been successfully employed in the hands of the most accomplished obstetric practitioner. At 11 a. m. I commenced the operation of craniotomy, which occupied an hour. My patient, at intervals, manifested perfect consciousness, at other times was lost to all around her. A disposition to flooding showed itself after delivery, which induced me instantly to introduce my hand into the uterus, and remove the placenta, as I was sensibly alive to the feeble powers of my patient. The fœtus exhibited the first symptoms of decomposition. Ordered a draught, with two drachms of sulphuric ether and forty drops of laudanum in a little camphor mixture. In the evening, the nurse reported

that she had slept during short intervals, but was only sensible on being especially roused to reply. Ordered a draught at bed-time, with one grain of morphia and two drachms of sulphuric ether in camphor mixture.

6th, 8a. m.—Had passed a restless night. Pulse 170 ; tongue dry ; delirium constant, of a muttering kind. Ordered a mixture with camphor suspended in mucilage, liquor ammon. acetatis, tinct. hyoscamus and nitras ether.; a dose to be taken every four hours. Morphia, 1 gr. in a draught, to be repeated at night.

7th.—Had occasional sleep during the night, with headache and intolerance of light and sounds. Tongue hard and parched ; skin dry; pulse 160 ; bowels confined. Ol ricini statum ; continue the mixture of yesterday. 10 p. m.—Bowels relieved twice. Night draught, with 1 gr. of morphia repeated.

8th and 9th.—Symptoms continue much the same. I have not been able to produce a lengthened sleep ; continue the night draught.

10th.—Passed a tolerably good night, and appears to be going on favourably ; the pulse, however, of the same peculiar frequency, viz., 160, as at the commencement. 6 p. m.—Visited my patient, and found her suffering from symptoms of an urgent kind ; the temperature of the skin had increased to an excessive degree since the morning ; the slightest noise produced alarm and distress ; and the least ray of light induced pain in the head and general disquiet ; the countenance was crimson red, and anxious in its expression ; delirium almost constant; bowels violently purged ; lochia suppressed ; and the lacteal secretion had never shown itself in the slightest degree, although the mammary gland was healthy, and fully developed; her position uneasy, accompanied with great restlessness of manner, indicative of only partial sensibility to her state ; pulse 160. The case, from the commencement, was one which filled me with the greatest anxiety and concern, in consequence of the low state of vitality of my patient, and the exhausted condition of the nervous system; but at no part of my treatment did I feel greater responsibility than now, believing as I do that a depressing line of practice in these cases, either by bleeding or medicines, if misapplied, is never to be redeemed. Here were a set of symptoms, which have been so ably described as the representatives of inflammation, the treatment of which has also been equally emphatically laid down, namely, bleeding, with depressents ; thus, with the popular ideas of inflammation, and the fondness for active treatment in the public mind, a young practitioner, with equal horrors as myself of the indiscreet use of the lancet, may often have been forced into such a line of treatment to please the multitude, or to protect himself from censure, in the event of an unfavorable issue to the case.

After a little reflection, I decided upon carrying out the tonic and sedative line of treatment, and, with these views, I ordered two pills, containing one and a-half grains of morphia, five grains of camphor, and two of capsicum, to be taken immediately, followed by decoction of bark, with laudanum, aromatic confection, and nitric acid every four hours.

11th, 9 a. m.—Passed a quiet night, getting occasional sleeps of two hour's duration; bowels still purged, skin moist, pulse 150. Ordered the mixture of bark to be continued, and a draught with one grain of morphia to be taken at night.

12th.—Passed a better night; bowels only acted on once, skin moist. From this time, Mrs. —— advanced favourably, though slowly, to a state of convalescence.

In addition to the weightier circumstances of this case, there are one or two minor points which strike me as interesting in a practical point of view. The first is, the condition of the pulse at the wrist, which manifested a determined frequency for an unusual length of time. My patient's circulation in health was never more than 80; but after her confinement it numbered 160 for three weeks, varying occasionally ten pulsations after the influence of a narcotic, but regaining its frequency as the day advanced. When a substantial diet-scale could with propriety be adopted, the circulation diminished in a very marked manner, but two months elapsed before it came within the range of 100; clearly this was a pulse of debility, as proved by the result.

The next point of interest to me is the condition of the mammary gland; although so highly developed, and my patient, when in health, of a sanguine temperament, yet no trace of any lacteal secretion ever showed itself through her illness; this I have observed in other cases, and I have also observed that, when this is the case, there has been either an excessive lochial discharge, or flooding, which has rendered the system incapable of the production of the lacteal secretion, or scarcely any appearance of lochia, dependent upon a previous state of inanition of the patient, which has impressed the friends and nurse with the idea of inflammation being in the distance. In this case the same cause which gave rise to all the other symptoms must explain the non-appearance of the lacteal secretion.

The cerebral wanderings and excessive watchfulness all showed the prostrate condition of the powers of the constitution, and the difficulty, in certain idiosyncrasies, to be quieted down, when once deranged, into the natural functions of life. Other cases I could instance of the same tendency, and of great interest, but deem those I have cited sufficient to indicate the value I set upon a liberal and protective treatment.—*Lon. Med. Times, June* 21, 1851.

Sanguineous effusion behind the Uterus.—At a late meeting of the Surgical Society of Paris, M. Monod related the following case:—A woman was admitted into the Maison de Santé with severe pain in the pelvic region. This case was first looked upon as one of retroversion of the uterus, but it was soon discovered that a considerable fluctuating tumour existed just behind the womb. Two punctures were made at a little interval, which both yielded blood; the pain, however, did not diminish, and the patient died. On a post-mortem examination, a large sac was found behind the uterus, and close upon that organ; it was divided into two distinct halves, both filled with blood.—*London Lancet, July* 5, 1851.

PATHOLOGY AND PRACTICE OF MEDICINE.

Chloroform in a Case of Poisoning by Strychnine.—Mr. G——, aged about 40, of intemperate habits, took from among some medicines, on the 5th inst., a bottle of strychnine; and supposing it to be morphine, as he said, swallowed a dose supposed to be about one or two grains. In about twenty minutes afterwards Dr. Munson was requested to see him, as he was supposed to be in a "fit." He found him in the following condition:—The whole muscular system rigid; the muscles of the back, and of the upper and lower extremities, rigidly contracted; the head drawn back; articulation difficult; sense of tightness about the chest, perspiration flowing profusely from the face and chest. A number of the physicians of the place came to his assistance. The usual remedies recommended in such cases were resorted to, but without any mitigation of the urgent symptoms. The patient was failing rapidly under the increasing spasmodic action of the whole muscular system. It was now determined to administer chloroform, as death was apparently certain without some relief. One drachm of chloroform was put upon a silk handkerchief, and the patient directed to inhale it. The effect was decisive. The patient (who was at this time in a sitting posture, held so by assistants, who could not move him in the least degree without exciting the most frightful and alarming spasms) requested to be placed in a recumbent position, which was done without exciting the least spasm. The chloroform was carefully administered for some hours, the patient holding the handkerchief most of the time himself, in order, as he said, "to keep off the dreadful spasms." From this time he recovered rapidly, and on the 7th instant was able to leave for home, a distance of six or seven miles.—*Boston Med. Jour.*

MATERIA MEDICA AND THERAPEUTICS.

Solution of Phosphate of Iron and Quinine.—I have much pleasure in directing the attention of the profession to the therapeutical employment of a compound, formed of phosphoric acid, pure quinia, and hydrated peroxide of iron—solution of phosphate of quinine and iron. It was devised by me during the past year, and from an extensive trial of it, since that time, I am enabled to recommend it as a remedy likely to prove highly serviceable in those cases indicating the use of such a combination. As much uncertainty exists respecting the chemical relations of phosphoric acid, and the different bases, it is to the therapeutical and not the chemical value of this compound that I attach importance. I shall avail myself of the earliest opportunitiy of making further observations on the subject.—*Dr. Cattell of Braunston, Northamptonshire, in Lancet.*

New mode of administering Cod-Liver Oil.—M. Loze, a naval surgeon, stated that he had attributed the failures of this remedy in phthisis to its non-absorption; and that, with the view of effecting this, he had combined the oil with a mucilage containing pancreatic juice, which thus forms an artificial chyle. In this form the oil is readily and completely absorbed, and its effect more directly obtained in phthisis.—*London Medical Gazette.*